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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25507 (7)
1. Corporation Name
FIDDLER'S MARSH (AT L'ATRIUM) HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US	Mailing Address 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US
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2. Principal Place of Business 21 9116 CYPRESS GREEN DR Suite, Apt. #, etc. 22 # 206 City & State 23 JACKSONVILLE, FL Zip 24 32256	2a. Mailing Address 26 9116 CYPRESS GREEN DR Suite, Apt. #, etc. 27 # 206 City & State 28 JACKSONVILLE, FL Zip 29 32256 Country 30 USA
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3. Date Incorporated or Qualified 03/21/1988	4. FEI Number 59-2902803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CONNOLLY, C P ASSOCIATION MANAGEMENT 3103 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH FL 32082	10. Name and Address of New Registered Agent 81 Name JOHN T. EWING 82 Street Address (P.O. Box Number is Not Acceptable) 9116 CYPRESS GREEN DR 83 # 206 84 City JACKSONVILLE FL 85 Zip Code 32256
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **JOHN T. EWING** **4/17/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	BERTANI, AL <input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERTANI, AL		1.2 NAME Kerry Gambrell	
STREET ADDRESS 313 CHARLEMAGNE CIRCLE		1.3 STREET ADDRESS 125 Colombard Ct.	
CITY-ST-ZIP PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP Ponte Vedra, FL 32082	
TITLE D <input type="checkbox"/> DELETE		2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME ALBERTI, JOHN		2.2 NAME Nancy Olson	
STREET ADDRESS 3013 LA RESERVE DR		2.3 STREET ADDRESS 113 Alsace Ct.	
CITY-ST-ZIP PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP Ponte Vedra, FL 32082	
TITLE STD <input type="checkbox"/> DELETE		3.1 TITLE Carl Spiker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME HIRSCHBERG, JEFF		3.2 NAME Carl Spiker	
STREET ADDRESS 320 CHARLAMOAGNE COURT		3.3 STREET ADDRESS 240 Charlemagne Circle	
CITY-ST-ZIP PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP Ponte Vedra, FL 32082	
TITLE DP <input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEISCHMAN, TOM		4.2 NAME	
STREET ADDRESS 101 ALSACE CT		4.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA FL		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JEFFREY HIRSHBERG** **4/22/98** **2230344**

CFR037 (1097)