

FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N25507

1. Corporation Name

FIDDLER'S MARSH (AT L'ATRIUM) HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9116 CYPRESS GREEN DR
SUITE 206
JACKSONVILLE FL 32256
US

Mailing Address

9116 CYPRESS GREEN DR
SUITE 206
JACKSONVILLE FL 32256
US



2. Principal Place of Business

21 200 Executive Way
Suite, Apt. #, etc.

22 Suite 111

23 Ponte Vedra, FL
City & State

24 32082 25 USA
Zip Country

2a. Mailing Address

26 P.O. Box 2055
Suite, Apt. #, etc.

27 Ponte Vedra, FL
City & State

29 32004 30 USA
Zip Country

3. Date Incorporated or Qualified

03/21/1988

4. FEI Number

59-2902803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WEING, JOHN T
9116 CYPRESS GREEN DR
SUITE 206
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name John T. Ewing
82 Street Address (P.O. Box Number is Not Acceptable) 200 Executive Way
83 Suite 111
84 City Ponte Vedra FL 85 Zip Code 32082

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

John T. Ewing JOHN T. EWING

4/14/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GAMBRILL, KERRY | |
| STREET ADDRESS | 125 COLOMBARD CT | |
| CITY-ST-ZIP | PONTE BEDRA F 32082 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ALBERTI, JOHN | |
| STREET ADDRESS | 3013 LA RESERVE DR | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | HIRSCHBERG, JEFF | |
| STREET ADDRESS | 320 CHARLAMOAGNE COURT | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | OLSON, NANCY | |
| STREET ADDRESS | 113 ALSACE CT | |
| CITY-ST-ZIP | PONTE VEDRA FL 32082 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Kerry Collins | |
| 2.3 STREET ADDRESS | 241 Charlemagne Cir. | |
| 2.4 CITY-ST-ZIP | Ponte Vedra, FL 32082 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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, with all other like empowered.

SIGNATURE:

Jeff Hirschberg JEFF L. HIRSCHBERG

4/14/99

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)