

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90120 007 ****61.25

DOCUMENT # N25507

1. Entity Name

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



Principal Place of Business

200 EXECUTIVE WAY
STE 111
PONTE VEDRA FL 32082
US

Mailing Address

PO BOX 2055
PONTE VEDRA FL 32004
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-2902803

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EWING, JOHN T
200 EXECUTIVE WAY
STE 111
PONTE VEDRA FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the filer.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WAINER, DAVID**
STREET ADDRESS **3137 LA RESERNO DR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **V** ☒ Delete
NAME **COKER, WAYNE**
STREET ADDRESS **753 CHARKLEMAGNE CIR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **HILL, ROBERT**
STREET ADDRESS **420 L A RESERVE CIR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **S** ☒ Delete
NAME **BOYER, JEFF**
STREET ADDRESS **236 CHARLE MAGNE CIR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **ST** ☒ Delete
NAME **BONFILI, TONI**
STREET ADDRESS **3009 L A RESERVE DR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **JOHN ALBERTI**
STREET ADDRESS **3160 LA RESERVE DR.**
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE **VP** ☐ Change ☒ Addition
NAME **JAMES BARTT**
STREET ADDRESS **248 CHARLEMAGNE CIR.**
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE **S** ☐ Change ☒ Addition
NAME **ALBERT BERTANT**
STREET ADDRESS **313 CHARLEMAGNE CIR.**
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE **P** ☐ Change ☒ Addition
NAME **DEBORAH FILBY**
STREET ADDRESS **244 CHARLEMAGNE CIR.**
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Alberti

JOHN ALBERTI

4/12/08

904-993-3658