

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25507

FILED  
Apr 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DRIVE  
STE 204 G  
PONTE VEDRA, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2055  
PONTE VEDRA, FL 32004 US

**New Mailing Address:**

**FEI Number:** 59-2902803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EWING, JOHN T  
151 SAWGRASS CORNERS DRIVE  
STE 204 G  
PONTE VEDRA, FL 32082 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: GAMBRILL, GABE  
Address: 125 COLOMBARD COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: PRICE, GERI  
Address: 121 COLOMBARD COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: BROWN, JOE  
Address: 121 ST. EMILION COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T  
Name: SHEFFIELD, DANIELLE  
Address: 209 CHARLEMAGNE CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P  
Name: ANDERSON, TAMMY  
Address: 100 ST. EMILION CT.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TAMMY ANDERSON

P

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date