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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26751

1. Corporation Name

MARSH POINTE AT MARSH LANDING OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 768 PONTE VEDRA BEACH FL 32004 US	POST OFFICE BOX 768 PONTE VEDRA BEACH FL 32004 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/02/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1547788 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MORRISSEY, PATRICK J
101 CARRIAGE LAMP WAY
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCAMEY, H. B		1.2 NAME		
STREET ADDRESS	108 CARRIAGE LAMP WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	TUTEN, BOWIE M		2.2 NAME	TUTEN, BOBBIE M	
STREET ADDRESS	100 CARRIAGE LAMP WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRISSEY, PATRICK J.		3.2 NAME		
STREET ADDRESS	101 CARRIAGE LAMP WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SNEED, LYNNE M		4.2 NAME		
STREET ADDRESS	116 CARRIAGE LAMP WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH F;		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, PAMELA A		5.2 NAME		
STREET ADDRESS	128 CARRIAGE LAMP WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SHORT, HELEN E		6.2 NAME	DEBORAH L. MILLER	
STREET ADDRESS	187 BRIDLE WAY		6.3 STREET ADDRESS	175 BRIDLE WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

CR2E037 (11/98)

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: PATRICK J MORRISSEY SIGNATURE REQUIRED Patrick J Morrissey 4/29/99 904-359-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #