

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90438 045 ****61.25

DOCUMENT # N31629 1. Entity Name MARSH SOUND ASSOCIATION, INC.					
Principal Place of Business PO BOX 330026 ATLANTIC BEACH, FL 33026 US				Mailing Address PO BOX 330026 ATLANTIC BEACH, FL 33026 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3241674				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARVIN, SONIA 1835 N. 3RD STREET JACKSONVILLE, FL 32250			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEESING, RANDI		NAME	CEO	
STREET ADDRESS	13979 SOUND OVERLOOK DR. N.		STREET ADDRESS	13955 Sound Overlook Dr. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ST. JOHN, BARBARA		NAME	VPD	
STREET ADDRESS	13366 INTRA COASTAL SOUND DRIVE		STREET ADDRESS	Romans, Joseph	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	13978 Sound Overlook Dr. N.	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, EDWARD		NAME	TD	
STREET ADDRESS	13896 SUNRISE LAKE CT.		STREET ADDRESS	Bishara, William	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	13896 Sunrise Lake Ct.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHARA, BILL		NAME	SD	
STREET ADDRESS	13896 SUNRISE LAKE CT		STREET ADDRESS	Beesing, Randi	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	13979 Sound Overlook Dr. N.	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, MICHAEL		NAME	PD	
STREET ADDRESS	2128 GRASSY BASIN CT.		STREET ADDRESS	Campbell, Edward	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	2116 Sound Overlook Dr. E.	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECSING, RANDI		NAME		
STREET ADDRESS	13979 SOUND OVERLOOK DRIVE N.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
12. 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 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:			4-29-05 (904) 249-8599		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		