


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90175 043 \*\*\*\*61.25

<b>DOCUMENT # N31629</b> 1. Entity Name <b>MARSH SOUND ASSOCIATION, INC.</b>	
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Principal Place of Business <b>PO BOX 330026</b> <b>ATLANTIC BEACH, FL 33026 US</b>	Mailing Address <b>PO BOX 330026</b> <b>ATLANTIC BEACH, FL 33026 US</b>
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**40026684**



2. Principal Place of Business <b>Marvin Real Estate</b> Suite, Apt. #, etc. <b>1835 N 3rd Street</b> City & State <b>Jacksonville Beach FL</b> Zip <b>32250</b> Country	3. Mailing Address <b>Marvin Real Estate</b> Suite, Apt. #, etc. <b>PO Box 330026</b> City & State <b>Atlantic Beach, FL</b> Zip <b>32233</b> Country
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03022006 Chg-NP CR2E037 (11/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>MARVIN, SONIA</b> <b>1835 N. 3RD STREET</b> <b>JACKSONVILLE, FL 32250</b>		<b>7. Name and Address of New Registered Agent</b> 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 <u><i>Sonia Harm</i></u> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEESING, RANDI 13979 SOUND OVERLOOK DR. N. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Romans, Joseph 13978 Sound Overlook Dr N Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DANNER, WILLIAM 13955 SOUND OVERLOOK DR. N. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tabone, Robert 13865 Softwind Trail N. Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, EDWARD 13896 SUNRISE LAKE CT. JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Isbell, Robert 13972 Sound Overlook DR N Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHARA, BILL 13896 SUNRISE LAKE CT JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BISHARA, WILLIAM 13896 SUNRISE LAKE CT. JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, EDWARD 2116 SOUND OVERLOOK DR. E. JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	
<b>SIGNATURE:</b> <u><i>James Floyd</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-7-06</u> Daytime Phone # <u>(904) 249-8599</u>