

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 009 ****61.25

DOCUMENT # N33165 1. Entity Name MARSH HARBOR HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2301 MARSH HARBOR AVENUE MERRITT ISLAND, FL 32952 US				Mailing Address 2301 MARSH HARBOR AVENUE MERRITT ISLAND, FL 32952 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	4. FEI Number 59-2987143	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SONNENBERG, BRUCE D 2255 MARSH HARBOR AVE. MERRITT ISLAND, FL 32952				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 renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRITT, KEN		NAME	TREASIDENT	
STREET ADDRESS	2305 MARSH HBR AV		STREET ADDRESS	THOMAS MEYERS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	2270 MARSH HARBOR AVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SONNENBERG, BRUCE		NAME		
STREET ADDRESS	2255 MARSH HARBOR AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, EDIE		NAME	VP	
STREET ADDRESS	825 INLET WAY		STREET ADDRESS	NITA MAGALOTTI	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	2405 MARSH HARBOR AVE.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRITT, LAURIE		NAME	SEC	
STREET ADDRESS	2305 MARSH HARBOR AVE		STREET ADDRESS	LINDA FREELAND	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	2345 MARSH HARBOR AVE.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u>Bruce D. Sonnenberg</u> BRUCE D. SONNENBERG 1.10.08 321-43-1245					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					