

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40492

FILED
Apr 21, 2009
Secretary of State

Entity Name: MARCUS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 BAYOU BLVD.
SUITE 35
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD.
SUITE 35
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-3126397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD.
SUITE 35
PENSACOLA, FL 32503 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: D () Delete
Name: HAM, JACK
Address: 3143 MARCUS POINTE BLVD.
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: MANI, KG
Address: 3025 LAKE POINTE CIR
City-St-Zip: PENSACOLA, FL 32505

Title: PD () Delete
Name: WILSON, CAROL
Address: 3405 MARCUS POINTE BLVD.
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: WITT, JIM
Address: 311 LAKE MONT LN.
City-St-Zip: PENSACOLA, FL 32505

Title: STD () Delete
Name: STOKES, SANDRA
Address: 3317 MARCUS POINT BLVD
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: CLARKE, LARRY
Address: 3025 MARQUETTE AVE
City-St-Zip: PENSACOLA, FL 32505

Title: VP (X) Change () Addition
Name: MANI, KG
Address: 3025 LAKE POINTE CIR
City-St-Zip: PENSACOLA, FL 32505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WITT, JIM
Address: 311 LAKE MONT LN.
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Change () Addition
Name: BALTHROP, JIM
Address: 37 FAISON ST
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROL WILSON

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date