

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 23, 2010
Secretary of State

DOCUMENT# N40492

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:** SD
Name: CLARKE, LARRY
Address: 3025 MARQUETTE AVE
City-St-Zip: PENSACOLA, FL 32505**Title:** VP
Name: BALTHROP, JIM
Address: 37 FAISON ST
City-St-Zip: PENSACOLA, FL 32505**Title:** PD
Name: WILSON, CAROL
Address: 3405 MARCUS POINTE BLVD.
City-St-Zip: PENSACOLA, FL 32505**Title:** TD
Name: WELLS, JIM
Address: 5037 HIGH POINTE DR
City-St-Zip: PENSACOLA, FL 32505**Title:** D
Name: PEACOCK, JOHN L JR
Address: 2038 HESPERIA WAY
City-St-Zip: PENSACOLA, FL 32505

I hereby 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 all other like empowered.

SIGNATURE: CAROL WILSON

PD

06/23/2010

Electronic Signature of Signing Officer or Director

Date