

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43510

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION III, INC.

**Current Principal Place of Business:**

4200 MARSH LANDING BLVD.  
SUITE 200  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

4200 MARSH LANDING BLVD.  
SUITE 200  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 59-3079112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARSH LANDING MANAGEMENT COMPANY, INC.  
4200 MARSH LANDING BLVD.  
SUITE 200  
JACKSONVILLE BEACH, FL 32250 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: VPD ( ) Delete  
Name: DEBOLT, HARRY  
Address: 24476 HARBOUR VIEW DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete  
Name: FELLNER, WILLIAM  
Address: 231 DEER HAVEN DR.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: TD ( ) Delete  
Name: ROEMHILD, BUD  
Address: 247 DEER HAVEN DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ADIUTORI, JOE  
Address: 24491 HARBOR VIEW DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T (X) Change ( ) Addition  
Name: ROMEHILD, JOSEPH  
Address: 247 DEER HAVEN DR.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D (X) Change ( ) Addition  
Name: WILSON, JEANELL  
Address: 116 INDIAN HAMMOCK LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: JOE ADIUTORI

P

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date