

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47207

FILED
Apr 02, 2009
Secretary of State

Entity Name: MARSH LANDING AT THE RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

FEI Number: 65-0420610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYSHORE ASSOC. MANAGEMENT
430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 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: P () Delete
Name: CARROZZELLA, MICHAEL
Address: 7211 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Delete
Name: PROBEAT, DONALD
Address: 7229 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: CARPENTER, CRAIG
Address: 7300 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Delete
Name: LAWLESS, PATRICIA
Address: 7341 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: BACHELOR, JANE
Address: 7234 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MENCIK, FRANK
Address: 7213 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S (X) Change () Addition
Name: PROBERT, DONALD
Address: 7229 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change () Addition
Name: SULLIVAN, JOHN
Address: 7219 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: AZZONE, MICHAEL
Address: 7212 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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: JOHN A. SULLIVAN

T

04/02/2009

Electronic Signature of Signing Officer or Director

Date