2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N92000000362

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

Current Principal Place of Business:

4200 MARSH LANDING BLVD
STE 200
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BLVD
STE 200
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-3189060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEROME S FLETCHER
1548 THE GREENS WAY
SUITE 4
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: DS ( ) Delete
Name: HUTCHINSON, FRANCES
Address: 1548 THE GREENS WAY STE 4
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DP ( ) Delete
Name: FLETCHER, PAUL
Address: 1548 THE GREENS WAY STE 4
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DVT ( ) Delete
Name: TREADWELL, FRANK E
Address: 1548 THE GREENS WAY STE 4
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL FLETCHER DP 04/14/2004
Electronic Signature of Signing Officer or Director Date