2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002890

FILED Apr 29, 2008 Secretary of State

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

Current Principal Place of Business:					New Principal Place of Business:				
	SH LANDING	BLVD							
STE 200 JACKSON ⁾	VILLE BEACH	H, FL 32250	US						
Current Mailing Address:					New Mailing Address:				
4200 MARSH LANDING BLV									
STE 200 JACKSON'	VILLE BEACH	H, FL 32250	US						
FEI Number:	59-3196952	FEI Numbe	Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate o	f Status Desired	()
Name and	Address of	Current Reg	istered Agent:		Name and	Address of	New Registe	ered Agent:	
MARSH LANDING MANAGEMENT CO. 4200 MARSH LANDING BLVD. SUITE 200 JACKSONVILLE BEACH, FL 32250 US					LOVELAND, STEPHEN C 4200 MARSH LANDING BLVD. SUITE 200 JACKSONVILLE BEACH, FL 32250 US				
	named entity of Florida.	submits this	statement for the pu	irpose of	changing it	s registered	office or regis	stered agent, c	r both,
SIGNATURE: STEPHEN C. LOVELAND					04/29/2008				
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Γitle: Name: Address: City-St-Zip:	MC DONALD, 9060 MARSH		2082		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Fitle: Name: Address: City-St-Zip:	DELFS, SUSA 104 LANTERN) Delete N WICKS PLACE A BEACH, FL 3			Title: Name: Address: City-St-Zip:	() Change ()A	ddition	
Title: Name: Address: City-St-Zip:	ANDERSON, J 104 KINGFISH		2082		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	MC LAUGHLIN 113 CLUB FO	*	2082		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	GREEN, CARI 204 NORTH W		2082		Title: Name: Address: City-St-Zip:	GREENE, CA 204 NORTH V			
Fitle: Name: Address: City-St-Zip:	GOLITZ, ROB 9020 MARSH		2082	!	Title: Name: Address: City-St-Zip:	() Change () A	ddition	

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: SUSAN DELFS P 04/29/2008