# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# N93000002890

**Entity Name:** MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION VI, 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 BLV
STE 200
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number: 59-3196952** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LOVELAND, STEPHEN C
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: TD ( ) Delete
Name: MC DONALD, EDWARD
Address: 9060 MARSH VIEW CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P ( ) Delete
Name: DELFS, SUSAN
Address: 104 LANTERN WICKS PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: ANDERSON, JOHNATHAN
Address: 104 KINGFISHER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: GREENE, CARIN
Address: 204 NORTH WIND COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: GOLITZ, ROBERT
Address: 9020 MARSH VIEW COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: T (X) Change ( ) Addition
Name: MC DONALD, EDWARD
Address: 9060 MARSH VIEW CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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 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 04/28/2009

Electronic Signature of Signing Officer or Director — Date