2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003499

FILED Jun 26, 2009 Secretary of State

Entity Name: MARBON POINTE HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	RBON ESTATES LANE S. IVILLE, FL 32223 US	
Current N	failing Address:	New Mailing Address:
	RBON ESTATES LANE S. IVILLE, FL 32223 US	
n accordan	r: 59-3191259 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable() Certificate of Status Desired() not receive the prior notice. Name and Address of New Registered Agent:
8050 MAR	Y, CLEO PRES RBON ESTATES LANE S. IVILLE, FL 32223 US	
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Electronic Signature of Registered A	gent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
ïtle: lame: .ddress: city-St-Zip:	P () Delete DEBERRY, CLEO 3050 MARBON ESTATES LANE SOUTH JACKSONVILLE, FL 32223	Title: () Change () Addition Name: Address: City-St-Zip:
itle: lame: address: city-St-Zip:	T () Delete JENKINS, DON 3071 MARBON ESTATES COURT JACKSONVILLE, FL 32223	Title: () Change () Addition Name: Address: City-St-Zip:
itle: lame: ddress: city-St-Zip:	S () Delete WASEMANN, FRANCES 3038 MARBON ESTTATES COURT JACKSONVILLE, FL 32223	Title: S (X) Change () Addition Name: CAREY, JERILYN Address: 3041 MARBON ESTATES COURT City-St-Zip: JACKSONVILLE, FL 32223
itle: lame: ddress: city-St-Zip:	TR () Delete RAVENSCROFT, KEN 3062 MARBON ESTATES LANE SOUTH JACKSONVILLE, FL 32223	Title: () Change () Addition Name: Address: City-St-Zip:
	() Delete	Title: TR () Change (X) Addition Name: HOLLIS, ROBERT
itle: lame: .ddress: city-St-Zip:		Address: 3033 MARBON ESTATES LANE SOUTH City-St-Zip: JACKSONVILLE, FL 32223

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: DON JENKINS T 06/26/2009