## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # N94000003573 1. Entity Name 04-13-2006 90302 050 \*\*\*\*61.25 MARSH COVE II OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 2055 PONTE VEDRA FL 32004 200 EXECUTIVE WAY PONTE VEDRA FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3269336 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EWING, JOHN T Street Address (P.O. Box Number is Not Acceptable) 200 EXECUTIVE WAY. SUITE 111 PONTE VEDRA FL 32084 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ARTHUR GOUSBY 144 SHELBY'S COVE & T. MCVAY, MICHAEL T NAME NAME 161 SHELBY'S COVE CT. STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH FL 32082 CITY-ST-ZIP CITY-ST-ZIP PONTÉ VEDRA, FL 32082 ☐ Delete TITLE Change Addition TITLE NADER, LIZ ELEISE KEITH NAME NAME 101 SHELBY'S COVE CT. 712 MARSH COVE LANE STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 PUNJE VEDRA, FL 32002 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE ICRISTI SELLERS LALONDE, KELLY NAME NAME 053 MARSH COVELAWE 132 SHELBY'S COVE CT STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP PONTE VEDRAFL SZOPZ CITY-ST-7IP ☐ Change Addition TITLE 🗷 Delete TITLE CAUSEY, PAMELA NAME NAME STREET ADDRESS STREET ADDRESS 757 MARSH COVE LN CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TOOD MOURY

**FILED**