

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90178 045 ****61.25



DOCUMENT # N94000003573
1. Entity Name
MARSH COVE II OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**200 EXECUTIVE WAY
SUITE 111
PONTE VEDRA FL 32084
US** **P. O. BOX 2055
PONTE VEDRA FL 32004**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number Applied For
59-3269336 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**EWING, JOHN T
200 EXECUTIVE WAY
SUITE 111
PONTE VEDRA FL 32084**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCVAY, MICHAEL T	
STREET ADDRESS	161 SHELBY'S COVE CT.	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	NADER, LIZ	
STREET ADDRESS	712 MARSH COVE LANE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LALONDE, KELLY	
STREET ADDRESS	132 SHELBY'S COVE CT	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SELLERS, KRISTI	
STREET ADDRESS	753 MARSH COVE LN	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOUSBY, ARTHUR	
STREET ADDRESS	144 SHELBY'S COVE CT	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEITH, ELEISE	
STREET ADDRESS	101 SHELBY'S COVE CT	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL MORSE	
STREET ADDRESS	244 MARSH COVE LANE	
CITY - ST - ZIP	PONTE VEDRA, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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.

SIGNATURE: *[Signature]* **JOHN MCVAY** **4/15/07** **904-280-7616**