

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

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1. Entity Name

MARSH COVE II OWNERS ASSOCIATION, INC.



Principal Place of Business

200 EXECUTIVE WAY
SUITE 111
PONTE VEDRA FL 32084
US

Mailing Address

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.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3269336

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable

(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 ☐ Delete
NAME MCVAY, MICHAEL T
STREET ADDRESS 161 SHELBY'S COVE CT.
CITY- ST- ZIP PONTE VEDRA BCH FL 32082

TITLE D ☐ Delete
NAME NADER, LIZ
STREET ADDRESS 712 MARSH COVE LANE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE V ☒ Delete
NAME LALONDE, KELLY
STREET ADDRESS 132 SHELBY'S COVE CT
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE ST ☐ Delete
NAME SELLERS, KRISTI
STREET ADDRESS 753 MARSH COVE LN
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☒ Delete
NAME GOUSBY, ARTHUR
STREET ADDRESS 144 SHELBY'S COVE CT
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ 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 V ☐ Change ☒ Addition
NAME GAIL MORSE
STREET ADDRESS 244 MARSH COVE LANE
CITY- ST- ZIP PONTE VEDRA, FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

John T Ewing JOHN T EWIN

4/15/07

904-280-7616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #