

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003573

FILED
Jan 29, 2009
Secretary of State

Entity Name: MARSH COVE II OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

744 MARSH COVE LANE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1112
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3269336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, GAIL M
744 MARSH COVE LANE
PONTE VEDRA BEACH, FL 32082 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: P () Delete
Name: FRITSCH, MIKE
Address: 749 MARSH COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: NADER, LIZ
Address: 712 MARSH COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: MORSE, GAIL
Address: 744 MARSH COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: DEMPSEY, DEBRA
Address: 736 MARSH COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: WILSON, BARBARA
Address: 152 SHELBY COVE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MORSE, GAIL M
Address: 744 MARSH COVE LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SEC (X) Change () Addition
Name: DEMPSEY, DEBRA
Address: 736 MARSH COVE LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TR (X) Change () Addition
Name: GAZARYANTS, LISA
Address: 2542 CINNAMON SPRING TRAIL
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change () Addition
Name: NEWBY, SHEILA
Address: PO BOX 268
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GAIL M. MORSE

VP

01/29/2009

Electronic Signature of Signing Officer or Director

Date