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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Feb 02 1998 8:00am Secretary of State

| EGHET'S MARSH HUMEUWNERS ASSOCIATION, INC. | | | | | | | |
|--|---|----------------------------------|-------------------------------|---|--------------------------------------|--------------------------------------|--------------|
| Principal Place of Business Mailing Address | | | | | I OLOJE BRIJI SOJEK ODIJI BOJIL ! | 03 698 01011 02 460 31 | 4H 80H 10QH |
| 13317 EGRETS MARSH DRIVE JACKSONVILLE FL 32224-1375 US 13317 EGRETS MARSH DRIVE JACKSONVILLE FL 32224-1375 US US | | | | 3. Date Incorporated 08/22/199 4. FEI Number | | Ap | plied For |
| | | | | 59-326515 | 4 | No | t Applicable |
| 2. Principal Place of Business 2a. Mailing Address 2b. Certificate of Status Desired 2c. Principal Place of Business 2c. Princ | | | | | | | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | 6. Election Campaig | · - | \$5.00 N | |
| 22 City 8 State | | City & State | | Trust Fund Contril | | Added to | |
| City & State | sonvicue, FL | 28 JACKSCHVILLE | c FL | 7. Is this nonprofit of | orporation a homeown | ers association | 1, |
| Zip Country Zip | | | Country | This corporation owes or has pald the current year Intangible | | | |
| 24 32224 | -1375 25 BUVAL | 29 32224 -13753 | 0 Duvar | | Tax due June 30. | | No |
| | 9. Name and Address of Current I | | | 10. Name and Addre | ss of New Registered | i Agent | |
| | | | 81 Name | SRIC John | MEYERS | | |
| MEYERS | s, ERIC J | ess (P.O. Box Number is | Not Acceptable) | | | | |
| 13317 EGRETS MARSH DRIVE | | | | 7 FERSAS | MARSH | DRIVE | |
| JACKSO | NVILLE FL 32224 | 83 | | | | | |
| | | | 84 City | eksondrice | F | 85 Zip 9 | ode 224 |
| 11. Pursuant | n the provisions of Sections 617,0502 | and 617.1508. Florida Statutes | the above-named coro | coration submits this state | | of changing its | s registered |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Forida Statutes. | | | | | | | |
| | | | | | | | |
| SIGNATURE Grant T. MEYERS TWO PRESIDENT US TANKAY 1998 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE | | | | | | | <u> 70</u> |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHAN | GES TO OFFICERS AN | | |
| TITLE | PD | ☐ DELETE | 1,1 TITLE | | | Change | Addition |
| NAME | MEYERS, ERIC J | | 1.2 NAME | | | | |
| STREET ADDRESS | 13317 EGRETS MARSH DRIVE | | 1.3 STREET ADDRESS | | | | |
| CTTY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | | | [-] m. |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | BAZIN, DAVID | | 2.2 NAME | | | | |
| STREET ADDRESS | 3523 EGRETS MARSH COURT | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2. 4 CITY-ST-ZIP | | | [] Ob | Addition |
| TITLE | SD Opening Alexandria | ☐ DELETE | 3.1 TITLE | | | LI Change | Addition |
| NAME | OPENDO, MERRYLIN | | 3.2 NAME | | | | |
| STREET ADDRESS | 13325 EGRETS MARSH DRIVE JACKSONVILLE FL | 1 | 3.3 STREET ADDRESS | N= | | | |
| CITY-ST-ZIP | D DAUKSUNVILLE FL | DELETE | 3.4. City-St-ZiP 4.1 Title | | | Change | Addition . |
| TITLE NAME | EVANS. ROGER | | 4, 2 NAME | | | | |
| 1 | 13330 EGRETS MARSH DRIVE | | 4.3 STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | LINWOOD, WILLIE | <i>F</i> - | 5.2 NAME | | | - | |
| STREET ADDRESS | 2530 EGRETS MARSH COURT | | 5.3 STREET ADDRESS | | ı | | } |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | | ı | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |
| 14 I boroby o | ertify that the information supplied with | this filing does not qualify for | the exemption stated in | Section 119 07(3)(i), Flor | ida Statutes, I further o | certify that the | information |

The Lay certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. (qu4)

SIGNATURE: