

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004057

FILED
Apr 13, 2007
Secretary of State

Entity Name: MARSH LANDING AT SAWGRASS OWNERS ASSOCIATION VII, INC.

Current Principal Place of Business:

4200 MARSH LANDING BOULEVARD
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BOULEVARD
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3347854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSH LANDING MANAGEMENT CO.
4200 MARSH LANDING BOULEVARD
SUITE 200
JACKSONVILLE BEACH, FL 32250 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: VP () Delete
Name: WALLMAN, AMY
Address: 320 ROYAL TERN ROAD S.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MCCARTY, DAVIS
Address: 308 ROYAL TERN ROAD S.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: DORAN, PATRICK
Address: 248 ROYAL TERN ROAD N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: CRAFT, DENNIS
Address: 316 ROYAL TERN ROAD S.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: LANZI, RAYMOND
Address: 409 OSPREY LOOKOUT CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: WIRTZ, GREGG
Address: 329 ROYAL TERN RD. SO.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: CRAFT, DENNIS
Address: 316 ROYAL TERN ROAD S.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK DORAN

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date