

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90009 008 ****61.25

DOCUMENT # **N96000000825**

1. Corporation Name

MARSH LANDING VILLAS
19850 Brecken Ridge Dr Suite A
Estero, FL 33928

Principal Place of Business

Mailing Address

19850 Brecken Ridge Dr Suite A
Estero, FL 33928

2. Principal Place of Business

2a. Mailing Address

3. Date Immatured or Quoted

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

12-10-96

22. City & State

27. City & State

4. FEI Number
65-0684164

Applied For
Not Applicable

23. Zip Country

28. Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24. Zip Country

29. Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. Name and Address of Current Registered Agent

18. Name and Address of New Registered Agent

TOM EATON
19850 Brecken Ridge Dr Suite A
Estero FL 33928

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

6-18-99

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

NOTE: Registered Agent signature required when substituting.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D/P Charlie Beach**
STREET ADDRESS **23058 Grassy Pine**
CITY-ST-ZIP **Estero, FL 33928**

TITLE ☐ DELETE

NAME **D/V.P. Hank Quell**
STREET ADDRESS **23046 Grassy Pine**
CITY-ST-ZIP **Estero, FL 33928**

TITLE ☐ DELETE

NAME **D/T/S Paul Powers**
STREET ADDRESS **23013 Grassy Pine**
CITY-ST-ZIP **Estero, FL 33928**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 by an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

REQUIRED

6-18-99

944-992-6200

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE TELEPHONE