

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 020 ****61.25

DOCUMENT # N96000006310

1. Entity Name

MARSH LANDING VILLAS OWNER'S ASSOCIATION, INC.



Principal Place of Business

**MELDON CONSULTANTS
800 HARBOUR DRIVE
NAPLES FL 34103**

Mailing Address

**MELDON CONSULTANTS
800 HARBOUR DRIVE
NAPLES FL 34103**



2. Principal Place of Business

3. Mailing Address

c/o Meldon Consultants

c/o Meldon Consultants

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4949 Tamiami Trail N, #201

4949 Tamiami Trail N, #201

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34103-3017

34103-3017

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0772713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, WILLIAM S
MELDON CONSULTANTS
800 HARBOUR DRIVE
NAPLES FL 34103**

Name *William S. Moore*

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

Meldon Consultants

4949 Tamiami Trail N, #201

City *Naples*

FL

Zip Code

34103-3017

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

William S. Moore, William S. Moore

3/29/06

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, 2006**

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 **DP** ☐ Delete
NAME **NALL, MIKE**
STREET ADDRESS **23021 GRASSY PINE DRIVE**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **DT** ☐ Delete
NAME **REMPER, JACK**
STREET ADDRESS **23060 GRASSY PINE DRIVE**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **DVP** ☒ Delete
NAME **CANN, JACK**
STREET ADDRESS **23092 GRASSY PINE DR.**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DVP** ☒ Change ☐ Addition
NAME **Remper, John**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Change ☒ Addition
NAME **Beach, Judith**
STREET ADDRESS **23058 Grassy Pine Drive**
CITY-ST-ZIP **Estero, FL 33928**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mike Nall

3-29-06

948-2085