

SEC. NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # N96000006477 (1)

1. Corporation Name

MARSH LANDING HOMEOWNERS ASSOCIATION OF TALLAHASSEE INC.

Principal Place of Business

Mailing Address

1690 RAYMOND DIEHL RD
TALLAHASSEE FL 32308

1690 RAYMOND DIEHL RD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1996

3a. Date of Last Report

Applied For
Not Applicable

4. FEI Number

Applied For

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

JARRETT, JAMES
1690 RAYMOND DIEHL RD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

DIXIE L. RUSSELL

82

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

1690 RAYMOND DIEHL RD

83

SUITE C-6

84

City

TALLAHASSEE

FL

85 Zip Code
32308

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Dixie L. Russell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
8-27-97

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 PRESIDENT, DIRECTOR ☐ Change ☒ Addition
1.2 NAME DIXIE L. RUSSELL
1.3 STREET ADDRESS 1690 RAYMOND DIEHL RD., C-6
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

2.1 TITLE VP, T, S, DIRECTOR ☐ Change ☒ Addition
2.2 NAME SAMUEL ELLIOTT
2.3 STREET ADDRESS 1690 RAYMOND DIEHL RD., C-6
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME JAMES JARRETT
4.3 STREET ADDRESS 1690 RAYMOND DIEHL RD. C-6
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

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 do 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, or on an attachment with an address.

SIGNATURE REQUIRED

8-27-97

850-385-4444

CR2E037 (4/97)