

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000109

FILED
Apr 22, 2005
Secretary of State

Entity Name: CLEARLAKE AT MARSH LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4200 MARSH LANDING BLVD
STE 200
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BLVD
STE 200
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-3430381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD
STE 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: D () Delete
Name: STURSBURG, ROBERT
Address: 180 CLEARLAKE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: BARNETTE, GENE
Address: 124 CLEARLAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MULLIGAN, GALE
Address: 156 CLEARLAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: STEIN, BEN
Address: 169 CLEARLAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ROTHEN, KAREN
Address: 161 CLEARLAKE DRIVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ROTHEN, KAREN
Address: 161 CLEARLAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GENE BARNETTE

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date