



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90087 004 \*\*\*\*61.25

<b>DOCUMENT # N97000001625</b> 1. Entity Name <b>THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3298 SUMMIT BLVD #4 PENSACOLA, FL 32503</b>			Mailing Address <b>3298 SUMMIT BLVD #4 PENSACOLA, FL 32503</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01052007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>58-2385191</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ETHERIDGE, RAY O 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STINER, JOANN</b>		NAME	<b>Stiner, Joann</b>	
STREET ADDRESS	<b>7072 RAMPART WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROACH, ANDREW</b>		NAME		
STREET ADDRESS	<b>4027 EMBERS LANDING</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PREER, SANDRA J</b>		NAME	<b>Preer, Sandra</b>	
STREET ADDRESS	<b>2680 HEYWARD DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWE, DAVID</b>		NAME	<b>Howe David</b>	
STREET ADDRESS	<b>7315 DU MONDE PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY, BARBARA</b>		NAME		
STREET ADDRESS	<b>7060 RAMPART WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ellanburgh, Tad</b>		NAME		
STREET ADDRESS	<b>6021 Toulouse Dr</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Pensacola FL 32505</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Sandra Preer</u> <u>Sandra Preer</u> <u>4-30-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					