

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90169 029 ****61.25

DOCUMENT # N97000001625 1. Entity Name THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503			Mailing Address 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # 908 Gardengate Cir.			3. Mailing Address 908 Gardengate Cir.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Pensacola, FL		City & State Pensacola FL		4. FEI Number 58-2385191	
Zip 32504		Country Ecuador		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 Gardengate Cir. City Pensacola, FL Zip Code 32504	
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 <u><i>Ray O Etheridge</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>Apr. 30, 2008</i></u>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STINER, JOANN 7072 RAMPART WAY PENSACOLA, FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PREER, SANDRA J 2680 HEYWARD DR PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWE, DAVID 7315 DU MONDE PLACE PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, BARBARA 7060 RAMPART WAY PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLENBERGER, TED 6021 TOULOUSE DR PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roy Watson 6110 Armand Place Pensacola, FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marie Abney 7199 Rampart Way Pensacola, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD J.J. Spender 7078 Rampart Pensacola, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlotte Barber 7178 Rampart Way Pensacola, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Prince Morris 6017 Toulouse Dr Pensacola, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Prince Morris 6017 Toulouse Dr Pensacola, FL 32505	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Prince G. Morris</i></u> Date <u><i>4/30/08</i></u>					