


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90145 003 \*\*\*\*61.25

<b>DOCUMENT # N97000003462</b> 1. Entity Name <b>MARSH VIEW HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MAY MANAGEMENT 10036 SAWGRASS DR SUITE 1 PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>C/O MAY MANAGEMENT 10036 SAWGRASS DR SUITE 1 PONTE VEDRA BEACH, FL 32082</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02092005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-3478828</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARENAS, PATRICIA MAY MANAGEMENT SERVICES INC 10036 SAWGRASS DR SUITE 1 PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent Name <b>May Management Service Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>5455 AIA South</b> City <b>Saint Augustine</b> FL Zip Code <b>32082</b>		
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 <i>Cynthia H. O'Neil</i> <b>CYNTHIA H. O'NEIL</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>2/21/05</b>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSWELL, LESLIE 4378 SEABREEZE DR JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAIRE SMITH 4444 SEABREEZE DR JAX BEACH FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANTOR, ANDY 4455 SEABREEZE DR JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO ES OAK 4378 SEABREEZE DR JACKSONVILLE, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, REBECCA 4419 SEABREEZE DR JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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: <i>Chris Smith</i> <b>Chris Smith</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2-17-05</b> Daytime Phone #					