
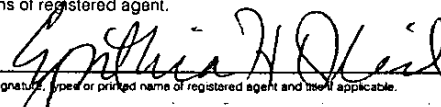
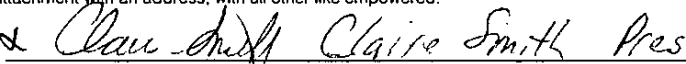


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90054 012 ****61.25

DOCUMENT # N97000003462 1. Entity Name MARSH VIEW HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O MAY MANAGEMENT 10036 SAWGRASS DR SUITE 1 PONTE VEDRA BEACH, FL 32082			Mailing Address C/O MAY MANAGEMENT 10036 SAWGRASS DR SUITE 1 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3478828	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARENAS, PATRICIA MAY MANAGEMENT SERVICES INC 5455 AIA ST AUGUSTINE, FL 32082			Name Cindy O'Neil Street Address (P.O. Box Number is Not Acceptable) 5455 AIA South City St. Augustine FL Zip Code 32082		
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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, CLAIRE		NAME		
STREET ADDRESS	4444 SEABREEZE BR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EJ, DEREK		NAME		
STREET ADDRESS	4378 SEABREEZE DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, REBECCA		NAME		
STREET ADDRESS	4419 SEABREEZE DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE:  Claire Smith Pres. 1/28/2006 (904) 751-8248					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					