

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90017 001 ****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 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080																																																																																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40034000 																																																																																																																									
City & State		City & State		01192008 Chg-NP CR2E037 (12/06)																																																																																																																									
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 O'NEIL, CINDY 5455 A1A SOUTH ST AUGUSTINE, FL 32082				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																									
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.				FL Zip Code																																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
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																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 10%;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4444 SEABREEZE BR</td> <td><input checked="" type="checkbox"/></td> <td>STREET ADDRESS</td> <td>4384 Seabreeze Drive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32250</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/></td> <td>TITLE</td> <td>Treasure</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>EDWARDS, REBECCA</td> <td></td> <td>NAME</td> <td>Kelly Whiteman</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4419 SEABREEZE DR.</td> <td></td> <td>STREET ADDRESS</td> <td>4389 Seabreeze Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32250</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MCKEOWN, JOHN</td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4390 SEABREEZE DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS				11. DIRECTORS IN 10		TITLE	NAME	Delete	TITLE	NAME	Change Addition	STREET ADDRESS	4444 SEABREEZE BR	<input checked="" type="checkbox"/>	STREET ADDRESS	4384 Seabreeze Drive	<input type="checkbox"/>	CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	Jacksonville, FL 32250	<input checked="" type="checkbox"/>	TITLE	P	<input checked="" type="checkbox"/>	TITLE	Treasure	<input type="checkbox"/>	NAME	EDWARDS, REBECCA		NAME	Kelly Whiteman	<input checked="" type="checkbox"/>	STREET ADDRESS	4419 SEABREEZE DR.		STREET ADDRESS	4389 Seabreeze Dr		CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	Jacksonville, FL 32250	<input type="checkbox"/>	TITLE	T	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME	MCKEOWN, JOHN		NAME		<input type="checkbox"/>	STREET ADDRESS	4390 SEABREEZE DR		STREET ADDRESS			CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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.																																																																																																																													
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Date: 2/7/08 Daytime Phone #: 904 874-3124																																																																																																																													