
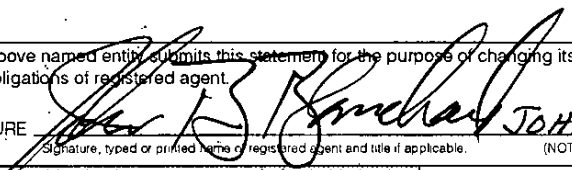
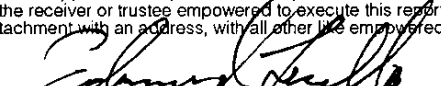


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90062 047 \*\*\*\*61.25

|   |                                     |   |   |  |  |
|---|-------------------------------------|---|---|--|--|
| <b>DOCUMENT # N97000003828</b><br>1. Entity Name<br><b>MARSH LANDING TOWNHOUSE CONDOMINIUM II ASSOCIATION, INC.</b>   |                                     |   |   |   |  |
| Principal Place of Business<br><b>1337 EGRET'S LANDING #102<br/>NAPLES FL 34108</b>   |                                     |   | Mailing Address<br><b>P.O. BOX 112260<br/>NAPLES FL 34108</b> |  |  |
| 2. Principal Place of Business  |                                     | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc.   |   |  |  |
| City & State  |                                     | City & State  |   | 4. FEI Number<br><b>65-0904240</b>   |  |
| Zip   |                                     | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>Applied For <input type="checkbox"/> Not Applicable                                 |  |
| 6. Name and Address of Current Registered Agent   |                                     |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>BLANCHARD, JOHN B.<br/>EAGLE PROPERTY MANAGEMENT OF SW FL, INC.<br/>1337 EGRET'S LANDING #102<br/>NAPLES FL 34108</b>  |                                     |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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   |                                     | <br>Signature, typed or printed name of registered agent and title if applicable. |   | DATE<br><b>3-29-</b>   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |   | <b>\$5.00 May Be Added to Fees</b><br><b>Make Check Payable to Florida Department of State</b>   |  |
| 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  | <b>FERULLO, EDMUND</b>              |   | NAME  |  |  |
| STREET ADDRESS  | <b>22928 LONE OAK DR</b>            |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>ESTERO FL 33928</b>              |   | CITY-ST-ZIP   |  |  |
| TITLE   | DST <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>CONCEY, ROSEMARY</b>             |   | NAME  |  |  |
| STREET ADDRESS  | <b>22932 LANE OAK DRIVE</b>         |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>ESTERO FL 33928</b>              |   | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete     |   | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  |                                     |   | NAME  | <b>VP ELAINE GLOWNIA</b>   |  |
| STREET ADDRESS  |                                     |   | STREET ADDRESS  | <b>22924 LONE OAK DRIVE</b>  |  |
| CITY-ST-ZIP   |                                     |   | CITY-ST-ZIP   | <b>ESTERO, FL 33928</b>  |  |
| 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 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:  |                                     | <br><b>EDMUND FERULLO</b><br><b>March 29, 2005</b>                               |   |  |  |
|   |                                     | <b>1337 9th St SE</b>   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                     | Date  |   | Daytime Phone #  |  |