


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90361 016 \*\*\*\*61.25

<b>DOCUMENT # N97000003828</b>						
<b>1. Entity Name</b> MARSH LANDING TOWNHOUSE CONDOMINIUM II ASSOCIATION, INC.						
<b>Principal Place of Business</b> 1337 EGRET'S LANDING #102 NAPLES, FL 34108			<b>Mailing Address</b> P.O. BOX 112260 NAPLES, FL 34108			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
Country		Country		03192008    Chg-NP    CR2E037 (12/06)		
<b>4. FEI Number</b> 65-0904240				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
BALNCHARD, JOHN B EAGLE PROPERTY MANAGEMENT, INC. 1337 EGRET'S LANDING #102 NAPLES, FL 34108			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			FL    Zip Code			
<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.</b>						
SIGNATURE <u>John B. Balnchard</u> <u>JOHN B. BALNCHARD</u> <u>4-21-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> FERULLO, EDMUND		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S	<b>NAME</b> MAURSEN RYAN	
<b>STREET ADDRESS</b> 22928 LONE OAK DR	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 22944 LONE OAK DRIVE	<b>CITY-ST-ZIP</b> ESTERO, FL 33928	
<b>TITLE</b> VP	<b>NAME</b> EVANETZ, THOEDORE		<input type="checkbox"/> Delete	<b>TITLE</b> P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22946 LONE OAK DR	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> STD	<b>NAME</b> HASSAY, EVELYN		<input type="checkbox"/> Delete	<b>TITLE</b> T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22922 LONE OAK DR	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>						
<b>SIGNATURE:</b> <u>John B. Balnchard</u> <u>John B. Balnchard Pres.</u> <u>239-598-5968</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>						