2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001310

FILED Apr 13, 2007 Secretary of State

Entity Name: MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION VIII, INC.

Current Principal Place of Business:				New Principal Place of Business:				
SUITE 200								
	VILLE BEACH			Na Mail:	A			
Current Mailing Address:				New Mailing Address:				
4200 MARSH LANDING BLVD SUITE 200 JACKSONVILLE BEACH, FL 32250								
FEI Number:		FEI Number Applied For ()	FEI Nui	mber Not Appl	icable ()	Certificate of Stat	us Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
4200 MARS STE 200	SH LANDING	AGEMENT CO. BLVD , FL 32250 US						
	named entity :	submits this statement for t	the purpose o	of changing i	ts registered o	office or registered	d agent, or both,	
SIGNATUR	RE:							
	Electror	ic Signature of Registered	Agent			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title: Name:	MOHR, TERRE 369 ROYAL TE PONTE VEDRA P () RESNICK, BAR	RN ROAD SOUTH BEACH, FL 32082 Delete BARA		Title: Name: Address: City-St-Zip: Title: Name:	MOHR, TERRE 369 ROYAL TE PONTE VEDRA CO-P (X RESNICK, BAR	ERN ROAD SOUTH A BEACH, FL 32082 () Change () Addition RBARA		
Address: City-St-Zip:	108 MARSH RE PONTE VEDRA	EED LANE BEACH, FL 32082		Address: City-St-Zip:	108 MARSH RI PONTE VEDRA	EED LANE A BEACH, FL 32082		
Title: Name: Address: City-St-Zip:	LEHMAN, DAVI 381 ROYAL TE	Delete D RN ROAD SOUTH BEACH, FL 32082		Title: Name: Address: City-St-Zip:	() Change ()Addition	n	
Title: Name: Address: City-St-Zip:	DELLOSSO, NO 410 ROYAL TE	Delete DRMAN RN ROAD SOUTH BEACH, FL 32082		Title: Name: Address: City-St-Zip:	() Change () Addition	n	
Title: Name: Address: City-St-Zip:	BOURNE, CHA 370 ROYAL TE	Delete RLES RN ROAD SOUTH BEACH, FL 32082		Title: Name: Address: City-St-Zip:	ASPER, DOUG 377 ROYAL TE	() Change () Addition BLAS ERN ROAD SOUTH A BEACH, FL 32082	n	
Title: Name: Address: City-St-Zip:	BRADY, JERRY 600 IBIS COVE			Title: Name: Address: City-St-Zip:	() Change () Addition	n	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MOHR CO-P 04/13/2007