2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N98000001310

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

Current Principal Place of Business:

4200 MARSH LANDING BLVD
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BLVD
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3541994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSH LANDING MANAGEMENT CO.
4200 MARSH LANDING BLVD
STE 200
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD
STE 200
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: STEPHEN C. LOVELAND 04/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CO-P (X) Delete
Name: MOHR, TERRENCE
Address: 369 ROYAL TERN ROAD SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CO-P ( ) Delete
Name: RESNICK, BARBARA
Address: 108 MARSH REED LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T ( ) Delete
Name: LEHMAN, DAVID
Address: 381 ROYAL TERN ROAD SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete
Name: DELLOSSO, NORMAN
Address: 410 ROYAL TERN ROAD SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: ASPER, DOUGLAS
Address: 377 ROYAL TERN ROAD SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: BRADY, JERRY DR.
Address: 600 IBIS COVE PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: RESNICK, BARBARA
Address: 108 MARSH REED LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA RESNICK P 04/29/2008
Electronic Signature of Signing Officer or Director Date