2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001690

FILED Jul 09, 2008 Secretary of State

Entity Name: MARION SOVEREIGN BUILDING CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 108 NORTH MAGNOLIA AVENUE - SUITE 500B OCALA, FL 34475 **Current Mailing Address: New Mailing Address:** 108 NORTH MAGNOLIA AVENUE - SUITE 500B OCALA, FL 34475 FEI Number: 59-3502202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEATHERDALE, SHELLY O HEATHERDALE, SHELLY O 108 N MAGNOLÍA VE 108 N MAGNOLÍA AVE SUITE 501 SUITE 501 OCALA, FL 34475 US OCALA, FL 34475 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: 07/09/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HEATHERDALE, SHELLY OWEN Name: Name: 108 NORTH MAGNOLIA AVE, STE 501 Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: SD Title: SD (X) Change () Addition () Delete Name: CLAEYS, JIM Name: WIRES, ANDREW Address: 1702 NE2ND ST Address: 16 SOUTHEAST WINONA City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34471 Title: () Delete Title: (X) Change () Addition MCLEAN, WILLIAM Name: POZZUTO, ANDREW Name: 108 N MAGNOLIA ST SUITE 401 108 N MAGNOLIA ST SUITE 600 Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34475 Title: PD () Delete Title: PD (X) Change () Addition Name: WANNER, DON Name: WANNER, DON 108 NORTH MAGNOLIA AVE, STE 500 108 NORTH MAGNOLIA AVE, STE 500B Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34475

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: SHELLY OWEN HEATHERDALE TD 07/09/2008