## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # N9800003406  1. Entity Name MARSH LANDING TOWNHOUSE CONDOMINIUM VIII ASSOCIATION, INC.  Principal Place of Business 1337 EGRET'S LANDING #102  Mailing Address P.O. BOX 112260					04-20-2006 90182 003 ****61		61.25	
NAPLES, FL	34108	NAPLES, FL 3	34108					
2. Principal F	Place of Business	3. Mailing Addr	ess			8181   ILIII   <b>9</b> 111   <b>98</b> 111   <b>98</b>	HI DUNILI DULUM IKHI DUNIK OOKED DI	
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		01132006	Chg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-0905	430		optied For	
Zip	Country	Zip	Cou	untry	5. Certificate o	f Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	i t Registered Agent			7. Name and A	ddress of New F	Registered Agent	ru
BLANCHA	ARD, JOHN J			Name				
EAGLE PR	ROPERTY MANAGEMENT OF ET'S LANDING #103	F SW FL, INC.		Street Address	(P.O. Box Number	is Not Acceptable	9)	
NAPLES,	FL 34108			City			Zip Cod	
				City			FL Zip Cod	
	e named entity submits this statement f tions of registered agent.	or the purpose of ch	anging its register	ed office or registe	red agent, or both	, in the State of Fi	orida. Tam tamiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable	(NOTE: Benetica					
		.,	(NOTE: Negative	ed Agent signature require	d when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Ele	ection Campaign F ust Fund Contribut	inancing	\$5.00 May Be Added to Fees	I .	DATE  lake check payable to the check payable to th	
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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:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #