

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/3/1

FILED

Apr 20, 2000 8:00 am  
Secretary of State

02-03-2000 90023 039 \*\*\*\*61.25

DOCUMENT # N99000000771

1. Entity Name

MARSH CROSSING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3 WATERSIDE PKWY.  
PALM COAST FL 32137

3 WATERSIDE PKWY.  
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULLIS, JIM  
3 WATERSIDE PKWY.  
PALM COAST FL 32137

Name James T. Cullis

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	CULLIS, JIM	
STREET ADDRESS	3 WATERSIDE PKWY.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VERGANI, W. CHRIS	
STREET ADDRESS	3 WATERSIDE PKWY.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	DONCHEZ, JIM	
STREET ADDRESS	3 WATERSIDE PKWY.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROCKETT, STUART C	
STREET ADDRESS	3 WATERSIDE PKWY.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAUSSMANN, WILLIAM	
STREET ADDRESS	3 WATERSIDE PKWY.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	→ James T. Cullis	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	→ JD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same Name	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	→ VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same Name	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same Name	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

**SIGNATURE REQUIRED** Jim Cullis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)