## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Feb 16, 2007 08:00 AN Secretary of State DOCUMENT # N9900006465 1. Entity Name MARSH LANDING VILLAS II OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4949 TAMIAMI TRAIL N 4949 TAMIAMI TRAIL N NAPLES FL 34103-3107 US NAPLES FL 34103-3107 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0983171 Not Applicable 7ın Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MOORE, WILLIAM S Stroot Addross (P.O. Box Number is Not Acceptable) C/O MELDON CONSULTANTS 4949 TAMIAMI TR. N. #201 NAPLES FL 34103-3107 City Zıp 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Noted or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signalure required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 10 10. ADDITIONS; CHANGES 11. TITLE PD ☐ Delete TITLE Change Addition U00000639947 NAME DIMAIO, ROBERT NAME 02/28/07-80043-025 61.25 STREET ADDRESS STREET ADDRESS 23215 GRASSY PINE DRIVE CITY-ST-ZIP CITY-ST-7IP ESTERO FL 33928 ☐ Delete Change TITLE ·IIIŒ Addition NAME MCCROW, JIM NAME : STREET ADDRESS 23197 GRASSY PINE DRIVE STREET ADDRESS CITY - ST-ZIP ESTERO FL 33928 CITY - ST- ZIP ☐ Change THE ☐ Addition Delete NAME WINDEY, P. JAMES STREET ADDRESS STREET ADDRESS 23248 GRASSY PINE DR CITY-ST-7IP CITY-ST-ZIP ESTERO FL 33928 TITLE ☐ Detete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P IIILE ☐ Delete ☐ Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an officer or director of the corporation or the receiver trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

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of the corporation or the receiver or trustee empowered to execute this report as if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: