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

**FILED**
**May 09, 2007 8:00 am**
**Secretary of State**
03-20-2007 90017 038 ****61.25

DOCUMENT # N99000007182

1. Entity Name

MARSH ISLAND OF JACKSONVILLE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8009 S ORANGE AVENUE<br>ORLANDO FL 32809 | 8009 S ORANGE AVENUE<br>ORLANDO FL 32809 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| MARSH Island Lane | 14286-19 Beach Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br># 378 |
| City & State: Jacksonville Florida | City & State: Jacksonville FL |
| Zip: 32250 Country: | Zip: 32250 Country: |

4. FEI Number: 59-3630268 ☐ 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 |
|---|---|
| LELAND MANAGEMENT<br>8009 S ORANGE AVENUE<br>ORLANDO FL 32809 | Name: Adele R. Pierce<br>Street Address (P.O. Box Number is Not Acceptable): 14520 Marsh Island Lane<br>City: Jacksonville FL Zip Code: 32250 |

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] V.P. DATE: 3/7/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCNEAL, JAMES E<br>14665 MARSH ISLAND LANE<br>JACKSONVILLE FL 32250 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Adele R. Pierce<br>14520 MARSH ISLAND LANE<br>Jacksonville FL 32250 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>William L. Hetherington<br>14665 MARSH ISLAND LANE<br>Jacksonville FL 32250 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>Troy Gibbs<br>14505 MARSH ISLAND LANE<br>Jacksonville FL 32250 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify 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 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] V.P. 3/07/2007 716 940-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #