

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007182

FILED  
Mar 04, 2008  
Secretary of State

**Entity Name:** MARSH ISLAND OF JACKSONVILLE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MAUSH ISLAND LN.  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

MARSH ISLAND LANE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

14286-19 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

14286-19 BEACH BLVD.  
#378  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 59-3630268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, ADELE R  
14520 MARSH ISLAND LN.  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIERCE, ADELE R  
Address: 14520 MARSH ISLAND LN.  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VD ( ) Delete  
Name: HARTZENSATER, WILLEAM L  
Address: 14665 MARSH ISLAND LN.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD ( ) Delete  
Name: GIBBS, TROY  
Address: 14505 MARSH ISLAND LN.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: HEITZENRATER, WILLIAM L  
Address: 14665 MARSH ISLAND LN.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TROY GIBBS

STD

03/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date