

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000020501

1. Entity Name  
MARSH CREEK CLUB CORPORATION



Principal Place of Business  
169 MARSHSIDE DR  
SAINT AUGUSTINE, FL 32084

Mailing Address  
4314 PABLO OAKS CT  
JACKSONVILLE, FL 32224



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3247971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLINEPETER, ANNE T  
4314 PABLO OAKS COURT  
JACKSONVILLE, FL 32224

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000798155  
01/30/08-80017-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'STEEN, ROGER M
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	VP
NAME	BARBOUR, GREGORY J.
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	D
NAME	KLINEPETER, ANNE T
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	S
NAME	OWENS, LAUREN L.
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: A. T. Klinepeter Anne T. Klinepeter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08 904-932-9750  
Date Daytime Phone #