

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006106

**Entity Name:** MARSHES AT LANCEFORD OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 22, 2024**  
**Secretary of State**  
**9447317667CC**

**Current Principal Place of Business:**

1880 S 14TH ST  
SUITE 103  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

1880 S 14TH ST  
SUITE 103  
FERNANDINA BEACH, FL 32034 US

**FEI Number: 26-0430086**

**Certificate of Status Desired: No**

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

GCAM OF AMELIA, INC.  
1880 S 14TH STREET  
SUITE 103  
FERNANDINA BEACH, FL 32034 US

*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: JOANNE MCCORMICK**

**01/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOETTE, LESLIE  
Address        1880 S 14TH ST  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            SECRETARY  
Name            ABDULAMEER, HEATHER  
Address        1880 S 14TH ST  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            TREASURER  
Name            ORR, PATRICK  
Address        1880 S 14TH ST  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            DIRECTOR  
Name            WHELTON, SUSAN  
Address        1880 S 14TH ST  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            VP  
Name            POWELL, ASHLEY  
Address        1880 S 14TH STREET  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

*I hereby 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 all other like empowered.*

**SIGNATURE: LESLIE BOETTE**

**PRESIDENT**

**01/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date