## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000825

Entity Name: MARSH LANDING COMMUNITY ASSOCIATION AT ESTERO,

INC.

## **Current Principal Place of Business:**

C/O NEXTGEN COMMUNITY MANAGEMENT 9410 CORKSCREW PALMS CIR. UNIT 201

ESTERO, FL 33928

## **Current Mailing Address:**

C/O NEXTGEN COMMUNITY MANAGEMENT 9410 CORKSCREW PALMS CIR. UNIT 201 ESTERO, FL 33928 US

FEI Number: 65-0684164

Name and Address of Current Registered Agent:

**NEXTGEN COMMUNITY MANAGEMENT NEXTGEN COMMUNITY MANAGEMENT** 9410 CORKSCREW PALMS CIR. UNIT 201

ESTERO FL 33928

ESTERO, FL 33928 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: SHERRI GRAY 03/12/2025

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

ESTERO FL 33928

**FILED** Mar 12, 2025

Secretary of State

4218250489CC

Certificate of Status Desired: No

Officer/Director Detail:

City-State-Zip:

Title **TREASURER** Title

PHILPOT, JAMES MANSFIELD, CONNIE Name Name

Address C/O NEXTGEN COMMUNITY Address C/O NEXTGEN COMMUNITY

> MANAGEMENT MANAGEMENT

9410 CORKSCREW PALMS CIR. UNIT 9410 CORKSCREW PALMS CIR. UNIT

Title SECRETARY Title DIRECTOR

Name UHART, KATE Name BLACKWELL, TROY

Address C/O NEXTGEN COMMUNITY Address C/O NEXTGEN COMMUNITY

MANAGEMENT MANAGEMENT 9410 CORKSCREW PALMS CIR. UNIT 9410 CORKSCREW PALMS CIR. UNIT

City-State-Zip: ESTERO FL 33928 City-State-Zip: ESTERO FL 33928

Title DIRECTOR Title DIRECTOR

Name SIEGLER, SANFORD Name HUSSEY, RICHARD

Address C/O NEXTGEN COMMUNITY Address C/O NEXTGEN COMMUNITY

MANAGEMENT MANAGEMENT

9410 CORKSCREW PALMS CIR. UNIT 9410 CORKSCREW PALMS CIR. UNIT 201 201

ESTERO FL 33928 City-State-Zip: ESTERO FL 33928 City-State-Zip:

Title

DIRECTOR

MCCROW, JAMES Name

MANAGEMENT

C/O NEXTGEN COMMUNITY

9410 CORKSCREW PALMS CIR. UNIT 201

Address

ESTERO FL 33928 City-State-Zip:

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 \$\text{BCNATEURETINEONNEDADED}\$\text{DNMEDADED}\$\te

Electronic Signature of Signing Officer/Director Detail

Date