2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003
Secretary of State

DOCUMENT# 749256

Entity Name: SPINNAKERS REACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4400 MARSH LANDING BLVD
STE. # 3
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

4200 MARSH LANDING BLVD
STE. # 200
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

4400 MARSH LANDING BLVD
STE. # 3
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

4200 MARSH LANDING BLVD
STE. # 200
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-2090100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELAND, STEPHEN C
4400 MARSH LANDING BLVD
STE. # 3
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD
STE. # 200
JACKSONVILLE BEACH, FL 32250 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: _____ 03/24/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORTON, SANDRA
Address: 740 SPINNAKER'S REACH ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: ALLEN, JERI
Address: 756 SPINNAKERS REACH RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete
Name: THRELKEL, MIREILLE
Address: 716 SPINNAKERS REACH RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete
Name: WALCHLE, BART
Address: 739 SPINNAKERS REACH RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SVD ( ) Delete
Name: THOMAS, ROY
Address: 744 SPINNAKERS REACH ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HAYES, VEOLA
Address: 2625 LIGHTHOUSE BEND
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BART WALCHLE PD 03/24/2003
Electronic Signature of Signing Officer or Director — Date