

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90440 030 ****61.25

DOCUMENT # N93000004167

1. Entity Name
RIVER BAY PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % SIGNATURE REALTY & MANAGEMENT, INC.
 9889-1 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257 US

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 9889-1 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257 US

94065221



2. Principal Place of Business 3. Mailing Address

Signature Realty Mgmt *Signature Realty's Mgmt*

Sub. Apts. #, etc. Sub. Apts. #, etc.
4003 Hartley Rd. *4003 Hartley Rd.*

City & State City & State
Jax, FL *Jacksonville FL*

Zip Country Zip Country
32251 *Usual* *32257* *Usual*

04202004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3211167 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE REALTY & MANAGEMENT, INC.
 9889-1 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name *Signature Realty Mgmt (Bryan Cantrell)*

Street Address (P.O. Box Number is Not Acceptable)
4003 Hartley Rd.

City State Zip Code
Jax, **FL** *32257*

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: *Bryan Cantrell* DATE: *4/22/04*

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WIMBERLY, MIKE	
STREET ADDRESS	12869 BAY PLANTATION DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LINDELL, MIKE	
STREET ADDRESS	12880 BAY PLANTATION DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, BRAD	
STREET ADDRESS	12892 BAY PLANTATION DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAINES, KAREN	
STREET ADDRESS	12713 BAY PLANTATION DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'AMICO, ANGELO	
STREET ADDRESS	12736 BAY PLANTATION DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MERVON	
STREET ADDRESS	12740 Bay Plantation Dr.	
CITY-ST-ZIP	Jax, FL 32223	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Blood	
STREET ADDRESS	12803 Bay Oaks Lane E.	
CITY-ST-ZIP	Jax, FL 32223	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cruce Steinberg	
STREET ADDRESS	12749 Bay Plantation Dr	
CITY-ST-ZIP	Jax, FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JM* DATE: *4/24/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #