



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N93000004167</b> 1. Entity Name <b>RIVER BAY PLANTATION HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business % SIGNATURE REALTY & MANAGEMENT, INC. 9889-1 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US			Mailing Address % SIGNATURE REALTY & MANAGEMENT, INC. 9889-1 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US		
<b>94065221</b>					
2. Principal Place of Business <i>Signature Realty Mgmt</i> 4003 Hartley Rd. Jacksonville, FL 32257		3. Mailing Address <i>Signature Realty Mgmt</i> 4003 Hartley Rd. Jacksonville, FL 32257			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3211167	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
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: <i>Signature Realty Mgmt (Bryan Cantrell)</i> Street Address: <i>4003 Hartley Rd.</i> City: <i>Jax,</i> State: <i>FL</i> Zip Code: <i>32257</i>					
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: <i>Bryan Cantrell</i> DATE: <i>4/22/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WIMBERLY, MIKE 12869 BAY PLANTATION DR JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIKE McRONCEY 12740 Bay Plantation Dr. Jax, FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDELL, MIKE 12880 BAY PLANTATION DR. JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Larry Blood 12803 Bay Oaks Lane E. Jax, FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH, BRAD 12892 BAY PLANTATION DR. JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bruce Steinberg 12749 Bay Plantation Dr. Jax, FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAINES, KAREN 12713 BAY PLANTATION DR. JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- D'AMICO, ANGELO 12736 BAY PLANTATION DR. JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>JM</i> DATE: <i>4/24/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					