
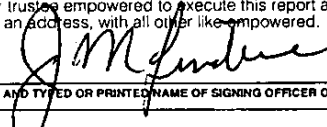


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 010 ****61.25

DOCUMENT # N93000004167 1. Entity Name RIVER BAY PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARLLEY RD. JACKSONVILLE, FL 32257 US			Mailing Address % SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARLLEY RD. JACKSONVILLE, FL 32257 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3211167	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARLLEY RD. JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCRONEY, MIKE		NAME	Manisa Leonard	
STREET ADDRESS	12760 BAY PLANTATION DR.		STREET ADDRESS	12712 Bay Plantation Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jax, FL 32223	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDELL, MIKE		NAME	Chuck Wallace	
STREET ADDRESS	12880 BAY PLANTATION DR.		STREET ADDRESS	12893 Bay Plantation Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jax, FL 32223	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOD, LARRY		NAME		
STREET ADDRESS	12803 BAY OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, BRUCE		NAME		
STREET ADDRESS	12749 BAY PLANTATION DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, ANGELO		NAME		
STREET ADDRESS	12736 BAY PLANTATION DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  J.M. LINDELL 2/24/05 (904) 880-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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