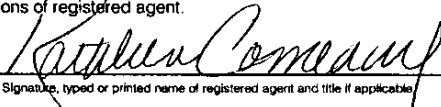
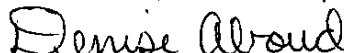


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90018 036 ****61.25

DOCUMENT # 755237 1. Entity Name TOWNHOMES OF BIGTREE ASSOCIATION, INC.					
Principal Place of Business P O BOX 56516 JACKSONVILLE, FL 32241-6516 US			Mailing Address P O BOX 56516 JACKSONVILLE, FL 32241-6516 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		60017111 	
City & State		City & State		02172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2068347	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EDWARD, JOSEPH MD 10453 BIG TREE CIR E JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Kathleen Comeaux Street Address (P.O. Box Number is Not Acceptable) 10392 Big Tree Cir W City Jacksonville FL Zip Code 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  DATE 2/19/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDWARD, JOSEPH MD 10453 BIG TREE CIR E JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DORIS, ELIZABETH 10493 BIG TREE CIR E JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Kathleen Comeaux 10392 Big Tree Cir W Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, HERBERT 10367 BIG TREE LN JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Kaye Elmore 10402 Big Tree Cir E Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, RAYMOND 10437 BIG TREE CIR W JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Denise Aboud 10451 Big Tree Cir W Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PETERSON, DIAN 10448 BIGTREE CIR W JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Sarah Surca 10345 Bigtree Terrace Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, VIRGINIA 10361 BIGTREE LANE JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Don Campbell 10511 Big Tree Cir E Jacksonville, FL 32257	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Denise Aboud		2/17/07	904-307-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

Box 11 - Addition

60017111

755237

Title

D

Name

Larry Lightfoot

Street Address

10376 Bigtree Lane

City-ST-Zip

Jacksonville, FL 32257