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.

60017111

Principal Place of Business	Mailing Address
P O BOX 56516 JACKSONVILLE, FL 32241-6516 US	P O BOX 56516 JACKSONVILLE, FL 32241-6516 US

02172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2068347 ☐ Applied For ☐ Not Applicable

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: Kathleen Comeaux 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 Succa 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 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