FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 08, 2002 8:00 am Secretary of State DOCUMENT # N0100007360 09-08-2002 90099 021 ****61.25 JAIMEES RIDGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 102 NIGHTINGALE LANE 102 NIGHTINGALE LANE GULF BREEZE FL 32561 **GULF BREEZE FL 32561** 2. Principal Place of Business 3. Mailing Address 3298 3298 Summi+ Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 52-236736 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32 203 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Etherid Street Address (P.O. Box Number is Not Acceptable) COLLEY, MARSHALL O 102 NIGHTINGALE LANE GULF BREEZE FL 32561 City 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 agen 1-10-02 SIGNATURE (NOTE: Registered Agent signature required when reinstation After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 iday Be min. will be \$236.25. Trust Fund Contribution. Added to 63s **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE ☐ Addition NAME COLLEY, MARSHALL O NAME STREET ADDRESS 102 NIGHTINGALE LANE STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL 32561 CITY-ST-ZIP DV Delete Va ☐ Change Addition DAVID Holcomb NAME aikin, jim 128 John King Road, Suite 18 STREET ADDRESS STREET ADDRESS 128 JOHN KING ROAD, SUITE 18 CITY-ST-ZIP CITY-ST-7IP Crestulew, FL. 32839 CRESTVIEW FL 32539 TITLE DST □ Delete TITLE Change ☐ Addition NAME MCEACHERN, SANDY NAME STREET ADDRESS STREET ADDRESS 128 JOHN KING ROAD, SUITE 18 CITY-ST-7IP CITY-ST-ZIP CRESTVIEW FL 32539 □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

9-6-02

850-434-3585