2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006
Secretary of State

DOCUMENT# N01000008547

Entity Name: REEDY BRANCH EAST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2245 ST JOHNS AVE
JACKSONVILLE, FL 32204

New Principal Place of Business:

11030 BAYMEADOWS ROAD
ATTN: AARON GOTTLIEB
JACKSONVILLE, FL 32256

Current Mailing Address:

2245 ST JOHNS AVE
JACKSONVILLE, FL 32204

New Mailing Address:

11030 BAYMEADOWS ROAD
ATTN; AARON GOTTLIEB
JACKSONVILLE, FL 32256

FEI Number: 01-0617301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAX CO
3300 BANK OF AMERICA CENTER
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FOLEY & LARDNER
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: ROBERT BERNSTEIN 08/21/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CANTRELL, HEYWARD M
Address: 121 HOGAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPD (X) Delete
Name: BAILET, PETER D
Address: 3017 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: STD (X) Delete
Name: BLACKARD, WILLIAM R JR.
Address: 2468 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOTTLIEB, AARON D
Address: 11030 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON D GOTTLIEB PD 08/21/2006
Electronic Signature of Signing Officer or Director — Date