2007 NOT-FOR-PROFIT CORPORATION **FILED ANNUAL REPORT** Apr 27, 2007 08:00 Al Secretary of State DOCUMENT # N01000008547 1. Entity Name REEDY BRANCH EAST OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 11030 BAYMEADOWS ROAD 11030 BAYMEADOWS ROAD ATTN: AARON GOTTLIEB ATTN; AARON GOTTLIEB JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 03272007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 01-0617301 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent **FOLEY & LARDNER** DO NOT WRITE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 IN THIS SPACE 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.

9. Election Campaign Financing

Trust Fund Contribution.

SIGNATURE.

10.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Filing Fee is \$61.25

Due by May 1, 2007

GOTTLIEB, AARON D

11030 BAYMEADOWS ROAD

JACKSONVILLE, FL 32256

PD

U000000738905 05/14/07-80003-015 61.29

DATE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

City-St-ZiP	
TILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 entry wered 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: ARRON D GOTTLIES 4/26/07 90 Y-260-6950	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	TOR Date Daytme Phone #

(NOTE: Registered Agent aignature required when reinstating)

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\$5.00 May Be

Added to Fees