# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005 8:00 am**
**Secretary of State**
05-02-2005 90427 025 ****61.25

DOCUMENT # N02000002918

1. Entity Name
CONIFER RIDGE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2575 COUNTY ROAD 220<br>SUITE 107<br>MIDDLEBURG, FL 32068 | 2575 COUNTY ROAD 220<br>SUITE 107<br>MIDDLEBURG, FL 32068 |

01122005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4213 County Rd #218 | P.O. Box 949 |
| Suite, Apt. #, etc.: Suite 1 | Suite, Apt. #, etc. |
| City & State: Middleburg, Florida | City & State: Middleburg, Fl. |
| Zip: 32068 Country: US | Zip: 32068 Country: US |

4. FEI Number 04-3749783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MENARD, JAMES R
2575 COUNTY ROAD 220
SUITE 107
MIDDLEBURG, FL 32068

**7. Name and Address of New Registered Agent**

Name: VINA C. DELCOMYN
Street Address (P.O. Box Number is Not Acceptable): 4213 County Rd. #218
Suite 1
City: Middleburg FL Zip Code: 32068

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: Vina C. Delcomyn 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 | PT<br>MENARD, JAMES R<br>2575 COUNTY ROAD 220, SUITE 107<br>MIDDLEBURG, FL 32068 | ☐ Delete | PT<br>Sloan, Timothy<br>12240 Emblem Court<br>Jacksonville, Fl. 32218 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CRAWFORD, MICHAEL<br>320 CORPORATE WAY, SUITE 350<br>ORANGE PARK, FL 32073 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CRAWFORD, JOHN D<br>320 CORPORATE WAY, SUITE 350<br>ORANGE PARK, FL 32073 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>Floyd, Kimberly B.<br>4744 Peppergrass Street<br>Middleburg Florida 32068 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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.

**SIGNATURE:** Kimberly B. Floyd Kimberly B Floyd 4/30/05 (904) 291-9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #