

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90011 003 ****61.25

DOCUMENT # N02000004850 1. Entity Name BETTER BAYMEADOWS, INC.			
Principal Place of Business 9080 GOLFSIDE DRIVE JACKSONVILLE, FL 32256-7793		Mailing Address 9080 GOLFSIDE DRIVE JACKSONVILLE, FL 32256-7793	
2. Principal Place of Business 8130 BAYMEADOWS WAY WEST Suite, Apt. #, etc. SUITE 304		3. Mailing Address 9838 OLD BAYMEADOWS ROAD Suite, Apt. #, etc. # 305	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA	
Zip 32256	Country USA	Zip 32256-8101	Country USA
4. FEI Number 02-0615847		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECTON, DANIEL A 9080 GOLFSIDE DRIVE JACKSONVILLE, FL 32256-7793		7. Name and Address of New Registered Agent Name VALERIE EVANS Street Address (P.O. Box Number is Not Acceptable) 8130 BAYMEADOWS WAY, WEST SUITE 304 City JACKSONVILLE FL Zip Code 32256	
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 <u><i>Valerie Evans</i></u> 1-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input checked="" type="checkbox"/> Delete BECTON, DANIEL 9080 GOLFSIDE DRIVE JACKSONVILLE, FL 322567793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEELY MITCHELL 3855 SANCHEZ ROAD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRUS, JOHN 7575 BAYMEADOWS WAY JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VINCE MCDORMACK 8443 BAYMEADOWS ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTIN, R. KEVIN 8787 BAYPINE ROAD, 4-1-C135 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition G. BRIAN WHEELER 9250 CYPRESS GREEN DRIVE, SUITE 200 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALE, JACK 9239 CARNOUSTIE LANE JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COEN PURVIS 8917 WESTERN WAY, SUITE 6 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BREEDLOVE, VICKIE 8537 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M. VICTORIA PENNINGTON 7735 TIMBERLIN PARK BLVD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIKI, BARAV 8130 BAYMEADOWS WAY, WEST JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>R. Kevin Martin</i></u> R. KEVIN MARTIN		Date <u>01-27-04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone *</small>	