

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90175 042 \*\*\*\*61.25

<b>DOCUMENT # N02000004850</b> 1. Entity Name <b>BETTER BAYMEADOWS, INC.</b>					
Principal Place of Business <b>8130 BAYMEADOWS WAY WEST STE 304 JACKSONVILLE, FL 32256</b>			Mailing Address <b>9838 OLD BAYMEADOWS ROAD # 305 JACKSONVILLE, FL 32256-8101</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>02-0615847</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCVEY, DAVID 8130 BAYMEADOWS WAY WEST STE 304 JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 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 agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMACK, VINCE 8443 BAYMEADOWS RD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRUS, JOHN 7575 BAYMEADOWS WAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURVES, COEN III 8917 WESTERN WAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, LEWIS 4201 BAYMEADOWS JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZES, CHRIS 8186 BAYMEADOWS WAY WEST JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON-BAILEY, BARBARA 6950 PHILLIPS HWY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		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 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 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.					
<b>SIGNATURE:</b> <i>Vickie Breedlove</i> <span style="float: right;">4/19/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>VICKIE BREEDLOVE</b>					

ATTACHMENT  
40069533

Continuation Sheet

2006 Not-For-Profit Corporation  
Annual Report  
Document# N02000004850  
Better Baymeadows, Inc.

Block 11 (Additions/Changes to Officers and Directors in 10)

Title	D	<input checked="" type="checkbox"/> Addition
Name	Barav, Riki	
Street Address	8130 Baymeadows Way West	
City - ST - ZIP	Jacksonville, FL 32256	

Title	D	<input checked="" type="checkbox"/> Addition
Name	Breedlove, Vickie	
Street Address	8537 Royal Lakes Drive	
City - ST - ZIP	Jacksonville, FL 32256	

Title	D	<input checked="" type="checkbox"/> Addition
Name	Pennington, Victoria	
Street Address	7735 Timberlin Park Blvd	
City - ST - ZIP	Jacksonville, FL 32256	

Title	D	<input checked="" type="checkbox"/> Addition
Name	Wheeler, Brian	
Street Address	9250 Cypress Green Drive	
City - ST - ZIP	Jacksonville, FL 32256	