## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007222

FILED Mar 25, 2008 Secretary of State

Entity Name: RUSHING BRANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11555 CENTRAL PARKWAY 11555 CENTRAL PARKWAY

SUITE 1103 SUITE 801

JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

11555 CENTRAL PARKWAY 11555 CENTRAL PARKWAY

SUITE 1103 SUITE 801

JACKSONVILLE, FL 32224 US JACKSONVILLE, FL 32224 US

FEI Number: 56-2416521 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY

SUITE 1103 SUITE 51, 22224 HO

JACKSONVILLE, FL 32224 US JACKSONVILLE, FL 32224 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: MARGARET STOREY 03/25/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 RUIZ, MIGUEL
 Name:
 FARNHAM, MICHAEL

 Address:
 3131 DOUBLE OAKS DR
 Address:
 3161 DOUBLE OAKS DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:
 JACKSONVILLE, FL 32226

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition
Name: FARNHAM, MICHAEL Name: CHICONE, PATRICK

Address: 3161 DOUBLE CAKS DRIVE

Address: 3161 DOUBLE OAKS DRIVE Address: 3108 DOUBLE OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32226

Title: ST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOORE, COMMANDER
 Name:

 Address:
 3156 DOUBLE OAKS DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET STOREY CFO 03/25/2008