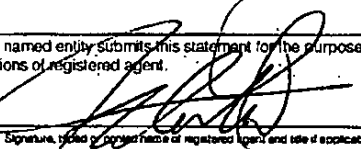
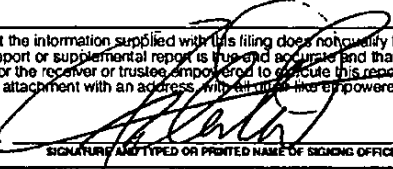


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

01-10-2005 90046 011 ****61.25

DOCUMENT # N04000000224					
1. Entity Name REFLECTIONS AT GOODBY'S CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4580 JULINGTON CREEK RD JACKSONVILLE, FL 32223			Mailing Address 4580 JULINGTON CREEK RD JACKSONVILLE, FL 32223		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 32258	Country	Zip 32258	Country	4. FEI Number 54-2152383	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOSTIE, RENE 4580 JULINGTON CREEK RD JACKSONVILLE, FL 32223			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code 32258		
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 			DATE 1/6/05		
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		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME	Dostie, Rene	
STREET ADDRESS			STREET ADDRESS	4580 Julington Creek Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Dana Edmonds	
STREET ADDRESS			STREET ADDRESS	9309 Old Kings Rd S, Suite 1A	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Linda Friel	
STREET ADDRESS			STREET ADDRESS	3720A Bluff Lane	
CITY-ST-ZIP			CITY-ST-ZIP	St Augustine, FL 32086	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 titles like empowered.					
SIGNATURE 			DATE 1/6/05 (904) 880-6441		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

66001281



01062005 Chg-NP CR2E037 (10/03)