

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90012 018 ****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 32258

Mailing Address

4580 JULINGTON CREEK RD
JACKSONVILLE FL 32258



2. Principal Place of Business

4036 Baymeadows RD

Suite, Apt. #, etc.

3. Mailing Address

4036 Baymeadows RD

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

54-2152383

Applied For

Not Applicable

Zip

32217

Country

DUAL

Zip

32217

Country

DUAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOSTIE, RENE
4580 JULINGTON CREEK RD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name: JAMES C. COLEMAN III
Street Address (P.O. Box Number is Not Acceptable): 4036 Baymeadows Road
City: JACKSONVILLE FL Zip Code: 32217

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

JAMES C. COLEMAN III
(Signature, typed or printed name of registered agent and title if applicable)

1/31/06
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	☒ Delete
NAME	DOSTIE, RENE	
STREET ADDRESS	4580 JULINGTON CREEK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	☒ Delete
NAME	EDMONDS, DANA	
STREET ADDRESS	4580 JULINGTON CREEK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	☒ Delete
NAME	FRIEL, LINDA	
STREET ADDRESS	4580 JULINGTON CREEK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	William DAVID GALIONE	
STREET ADDRESS	8873 SHINING OAK CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	JAMES C. COLEMAN III	
STREET ADDRESS	4036 Baymeadows RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	BRANT TURNER	
STREET ADDRESS	13627 SAN JOSE BLVD # 603	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: JAMES C. COLEMAN III

1/31/06 904 256-0066