

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004492

FILED
Mar 03, 2008
Secretary of State

Entity Name: DOCTORS INLET RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 20-1087578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DOUG
10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

CHESSER, JIMMY
10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221 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: JIMMY CHESSER

03/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, DOUG
Address: 10250 NORMANDY BLVD SUITE 702
City-St-Zip: JACKSONVILLE, FL 32221

Title: VPD () Delete
Name: THOMPSON, JACOB
Address: 1663 HOLLOW GLEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: STD () Delete
Name: LAROCHELLE, MELISSA
Address: 10250 NORMANDY BLVD SUITE 702
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, JACOB
Address: 1663 HOLLOW GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: VPD (X) Change () Addition
Name: CLEARY, ROBERT
Address: 1811 HOLLOW GLEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: STD (X) Change () Addition
Name: GONZALEZ, PETER
Address: 1720 HOLLOW GLEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Change (X) Addition
Name: HARRIS, TAMMYLA
Address: 1731 HOLLOW GLEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Change (X) Addition
Name: HALL, JOHN
Address: 2091 CREEKMONT DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

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: JACOB THOMPSON

PD

03/03/2008

Electronic Signature of Signing Officer or Director

Date