

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004492

FILED
Jun 11, 2010
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:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

Current Mailing Address:

10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221

New Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

FEI Number: 20-1087578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS INC
7400 BAYMEADOWS WAY
#317
JACKSONVILLE, FL 32256 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: SHERRILL SCHAFER

06/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CLEARY, ROBERT
Address: 1811 HOLLOW GLEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPD
Name: BRESNOCK, SHANNON
Address: 2148 CREEKMONT DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD
Name: ERTEL, VALARIE
Address: 1919 COVEMONT COURT
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD
Name: MERRELL, HEATHER
Address: 2693 OAK HAVEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D
Name: WRIGHT, DONALEE
Address: 1533 HARVEST COVE DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D
Name: JACKSON, MICHAEL
Address: 1556 HARVEST COVE DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: SHERRILL SCHAFER

PRES

06/11/2010

Electronic Signature of Signing Officer or Director

Date