2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010700

Apr 27, 2007 Secretary of State

Entity Name: RIVERSIDE AT CHIPOLA COMMUNITY ASSOCIATION, INC.

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

245 RIVERSIDE STE 500 JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

245 RIVERSIDE STE 500 245 RIVERSIDE AVENUE STE 500 ATTN. LEGAL DEPT - SUSAN WHITLATCH ATTN. LEGAL DEPT. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

FEI Number: 20-2308719 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:

MARX, CHRISTINE M 245 RÍVERSIDE STE 500 JACKSONVILLE, FL 32202 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DANE, DOUGLAS J WATSON, WILLIAM J JR Name: Name: 1400 OVEN PARK DR Address: 301 1ST EAST STREET Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: PORT ST. JOE, FL 32457

Title: Title: DSVP (X) Change () Addition () Delete BUTLER, WILLIAM F Name: SMALLWOOD, H. CLAY Name: Address: 1400 OVEN PARK DR Address: 301 1ST EAST STREET

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: PORT ST. JOE, FL 32457

Title: DVT () Delete Title: (X) Change () Addition ROGERS, JAMES B BRYAN, JOANNA E Name: Name:

100 BECKRICH RD STE 200 301 1ST EAST STREET Address: Address: City-St-Zip: PANAMA CITY, FL 32407 City-St-Zip: PORT ST. JOE, FL 32457

Title: AS () Delete Title: () Change () Addition

MARX, CHRISTINE M Name: Name: Address: 245 RIVERSIDE AVENUE SUITE 500 Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CONRAD, LAURA K CHILDERS, DAVID F III Name: Name:

245 RIVERSIDE AVENUE SUITE 500 1400 OVEN PARK DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: JACKSONVILLE, FL 32202

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: CHRISTINE M. MARX AS 04/27/2007