2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N04000010700

Entity Name: RIVERSIDE AT CHIPOLA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTN. LEGAL DEPT.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-2308719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D-P ( ) Delete
Name: WATSON, WILLIAM J JR
Address: 301 1ST EAST STREET
City-St-Zip: PORT ST. JOE, FL 32457

Title: DSVT ( ) Delete
Name: SMALLWOOD, H. CLAY
Address: 301 1ST EAST STREET
City-St-Zip: PORT ST. JOE, FL 32457

Title: SEC ( ) Delete
Name: HORNSBY, MELISSA
Address: 3800 ESPLANADE WAY, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D-VT (X) Change ( ) Addition
Name: SMALLWOOD, H. CLAY
Address: 301 1ST EAST STREET
City-St-Zip: PORT ST. JOE, FL 32457

Title: D-S (X) Change ( ) Addition
Name: HORNSBY, MELISSA
Address: 3800 ESPLANADE WAY, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

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: MELISSA HORNSBY D-S 04/09/2009

Electronic Signature of Signing Officer or Director — Date