

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90040 035 ****61.25

DOCUMENT # N04000010732					
1. Entity Name THE RESERVE AT POINTE MEADOWS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7800 POINT MEADOWS DRIVE JACKSONVILLE, FL 32256			Mailing Address 7800 POINT MEADOWS DRIVE JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">50061882</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">50061883</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 07052005 Chg-NP CR2E037 (10/03) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEGLE, CYNTHIA 7800 POINT MEADOWS DRIVE JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOOTE, ROBERT 7800 POINT MEADOWS DRIVE JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Paul Wehr 7800 Pointe Meadows Drive #1217 JACKSONVILLE, FL 32256	
DV BERRY, STEVE 7800 POINT MEADOWS DRIVE JACKSONVILLE, FL 32256		<input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
DST HEGLE, CYNTHIA 7800 POINT MEADOWS DRIVE JACKSONVILLE, FL 32256		<input checked="" type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
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Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: X			Steven A. Barry		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date		
			Daytime Phone #		