

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 050 ****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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For <input 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 <u>MARK Rutledge</u> Street Address (P.O. Box Number is Not Acceptable) <u>WRH Realty Services</u> <u>3020 Hartley Road Suite 200</u> City <u>Jacksonville</u> <u>FL</u> <u>32257</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>5/9/06</u>	
Filing Fee is \$61.25 Due by September 6, 2006		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 DP	NAME FOOTE, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Wehr, S. Paul	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7800 POINT MEADOWS DRIVE	JACKSONVILLE, FL 32256		STREET ADDRESS 7800 Pointe Meadows Dr #1216	JACKSONVILLE, FL 32256	
CITY-ST-ZIP JACKSONVILLE, FL 32256			CITY-ST-ZIP JACKSONVILLE, FL 32256		
TITLE DV	NAME BERRY, STEVE	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Soni, Madhu	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7800 POINT MEADOWS DRIVE	JACKSONVILLE, FL 32256		STREET ADDRESS 7643 Saw Timber Lane	JACKSONVILLE, FL 32256	
CITY-ST-ZIP JACKSONVILLE, FL 32256			CITY-ST-ZIP JACKSONVILLE, FL 32256		
TITLE DST	NAME WEHE, S. PAUL	<input type="checkbox"/> Delete	TITLE P	NAME Payer, Melanie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7800 POINTE MEADOWS DRIVE, # 1217	JACKSONVILLE, FL 32256		STREET ADDRESS 7800 Pointe Meadows Dr # 236	JACKSONVILLE, FL 32256	
CITY-ST-ZIP JACKSONVILLE, FL 32256			CITY-ST-ZIP JACKSONVILLE, FL 32256		
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	TITLE VP	NAME Mac, Maryann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS [Blank]	[Blank]		STREET ADDRESS 7800 Pointe Meadows Dr # 212	JACKSONVILLE, FL 32256	
CITY-ST-ZIP [Blank]			CITY-ST-ZIP JACKSONVILLE, FL 32256		
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	TITLE VP	NAME Facini, Al	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS [Blank]	[Blank]		STREET ADDRESS 7800 Pointe Meadows Dr # 128	JACKSONVILLE, FL 32256	
CITY-ST-ZIP [Blank]			CITY-ST-ZIP JACKSONVILLE, FL 32256		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>S. Paul Wehr, pres.</u> <u>May 4, 2006</u> (904) 699-5497					