

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 032 ****61.25

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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**

20006669



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUTLEDGE, MARK
WRH REALTY SRVS
3020 HARTLEY RD STE 200
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME WEHR, PAUL S
STREET ADDRESS 7800 PT MEADOWS D STE 1216
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S ☒ Delete
NAME MADHER, SONIC
STREET ADDRESS 7643 SAW TIMBER LN
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE DST ☒ Delete
NAME WEHE, S. PAUL
STREET ADDRESS 7800 POINTE MEADOWS DRIVE, # 1217
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T ☐ Delete
NAME POYER, MELANIE
STREET ADDRESS 7800 POINTE MEADOWS DR STE 236
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP ☒ Delete
NAME SAC, MARYANN
STREET ADDRESS 7800 POINTE MEADOWS DR STE 212
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP ☐ Delete
NAME FACINI, AL
STREET ADDRESS 7800 POINTE MEADOWS DR STE 128
CITY-ST-ZIP JACKSONVILLE, FL 32256

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME FACINI, AL
STREET ADDRESS 7800 POINTE MEADOWS DR #128
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S ☐ Change ☒ Addition
NAME SHELTON, CYNTHIA
STREET ADDRESS 7800 POINTE MEADOWS DR # 112
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T ☐ Change ☐ Addition
NAME POYER, MELANIE
STREET ADDRESS 7800 POINTE MEADOWS DR #236
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T ☐ Change ☒ Addition
NAME FORGEA, DEVON
STREET ADDRESS 7800 POINTE MEADOWS #1015
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE P ☐ Change ☒ Addition
NAME PATTEN, CARL
STREET ADDRESS 7800 POINTE MEADOWS DR #1028
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Albert Facini, HOA PRESIDENT 1/18/07 904-652-7353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALBERT FACINI