

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 043 ****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

50000282



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008 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 Wetherington, Hamilton, & Harrison
Street Address (P.O. Box Number is Not Acceptable)
1010 N. Florida Ave
City Tampa FL Zip Code 33602

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

RONALD E. COTTERILL 3-12-08
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, 2008

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 S ☐ Delete
NAME SAELETON, CYNTHIA
STREET ADDRESS 7800 POINTE MEADOWS DR #112
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP ☐ Delete
NAME FORFEA, DENON
STREET ADDRESS 7800 POINTE MEADOWS #1015
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP ☐ Delete
NAME PATTEN, CARL
STREET ADDRESS 7800 POINTE MEADOWS DR #1028
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 P ☒ Delete
NAME FACINI, AL
STREET ADDRESS 7800 POINTE MEADOWS DR STE 128
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE T ☐ Change ☒ Addition
NAME WEHR, PAUL
STREET ADDRESS 7800 POINTE MEADOWS DR #1217
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/08 (904) 642-9990