

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010732

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** THE RESERVE AT POINTE MEADOWS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7800 POINT MEADOWS DRIVE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7800 POINT MEADOWS DRIVE  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FRED ELEFANT, P.A.  
1650 PRUDENTIAL DRIVE  
SUITE 105  
JACKSONVILLE, FL 32207 US

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: P  
Name: POYER, MELANIE  
Address: 7800 POINTE MEADOWS DR #236  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: PATTEN, CARL  
Address: 7800 POINTE MEADOWS #1028  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC  
Name: JAMISON, LINDSAY  
Address: 7800 POINTE MEADOWS DR #1321  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T  
Name: BATIZ, MARIO  
Address: 7800 POINTE MEADOWS DR #1531  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR  
Name: MORRIS, JIM  
Address: 195 CYPRESS LANE  
City-St-Zip: ST. MARYS, GA 31558

I hereby 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 all other like empowered.

SIGNATURE: MELANIE POYER

PRES

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date