


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90452 048 \*\*\*\*61.25

<b>DOCUMENT # N06000006157</b>					
<b>1. Entity Name</b> REEDY CREEK CROSSING PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9995 GATE PKWY NORTH STE 400 JACKSONVILLE, FL 32246			<b>Mailing Address</b> 9995 GATE PKWY NORTH STE 400 JACKSONVILLE, FL 32246		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> P.O. Box 451017			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SUNRISE, FL		<b>4. FEI Number</b> 20-5011649	
Zip	Country	Zip 33345-1017	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HAYES, DEANNA 9995 GATE PKWY NORTH STE 400 JACKSONVILLE, FL 32246			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> ANDERSON, MARK	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 20731 ANDIRON PLACE	ESTERO, FL 33928		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> VP	<b>NAME</b> POPE, JOHN SR.	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 818 N. LAKESIDE DR.	DESTIN, FL 32541		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> S	<b>NAME</b> JONES, MERESA	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 14932 CITRUS GROVE BLVD.	LOXAHATCHEE, FL 33470		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> T	<b>NAME</b> BERNARDIN, PAUL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 13784 N.W. 22ND PL.	SUNRISE, FL 33323		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> M	<b>NAME</b> HERBERT, JAMES	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 772 N.W. 41 TERRACE	DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	CITY-ST-ZIP		<b>NAME</b>	CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Paul Bernardin</i>			4/27/2007 854-749-5356		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		