

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011642

FILED
Apr 15, 2008
Secretary of State

Entity Name: PEREGRINE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6800 SOUTHPOINT PKWY
SUITE 300
JACKSONVILLE, FL 32216

New Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

Current Mailing Address:

6800 SOUTHPOINT PKWY
SUITE 300
JACKSONVILLE, FL 32216

New Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VON DREELE, WAYNE
3993 WEST FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 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: MARGARET STOREY, CFO

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOGG, STEVE
Address: % 6800 SOUTHPOINT PKWY,SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD () Delete
Name: CHUN, PETER
Address: % 6800 SOUTHPOINT PKWY,SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD () Delete
Name: MARSHALL, JIM
Address: % 6800 SOUTHPOINT PKWY,SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOGG, STEVE
Address: 6800 SOUTHPOINT PKWY,SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD (X) Change () Addition
Name: CHUN, PETER
Address: 6800 SOUTHPOINT PKWY,SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD (X) Change () Addition
Name: MARSHALL, JIM
Address: 6800 SOUTHPOINT PKWY,SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET STOREY

CFO

04/15/2008

Electronic Signature of Signing Officer or Director

Date