

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004206

FILED
Jun 26, 2009
Secretary of State

Entity Name: TROUT RIVER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6800 SOUTHPPOINT PARKWAY SUITE 300
JACKSONVILLE, FL 32216

New Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

Current Mailing Address:

6800 SOUTHPPOINT PARKWAY SUITE 300
JACKSONVILLE, FL 32216

New Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VON DREELE, WAYNE
3933 WEST FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT
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: FIRST COAST ASSOCIATION MANAGEMENT

06/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: MARSHALL, JIM
Address: 6800 SOUTHPPOINT PARKWAY SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV () Delete
Name: HOGG, STEVE
Address: 6800 SOUTHPPOINT PARKWAY SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: CHUN, PETE
Address: 6800 SOUTHPPOINT PARKWAY SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FIRST COAST ASSOCIATION MANAGEMENT

RA

06/26/2009

Electronic Signature of Signing Officer or Director

Date