FILE NOW: FILING FEE IS $61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90108 043 ****61.25

0004747

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14276

1. Corporation Name
RIVERCHASE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1905 ATLANTIC BLVD P.O. BOX 24501 JACKSONVILLE FL 32241	1905 ATLANTIC BLVD JACKSONVILLE FL 32241 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 13879 Mandarin Road
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Florida
Zip 29 32223 Country 30

3. Date Incorporated or Qualifed
04/09/1986

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RAWLINS, STEVEN D.
1905 ATLANTIC BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Brodsky, Colman
82 Street Address (P.O. Box Number is Not Acceptable) ~~13941~~ ~~Attn~~ BCBSF
83 4800 Deerwood Campus Pkwy
84 City Jacksonville FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Colman Brodsky Colman Brodsky 4/27/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE		Change	Addition
TITLE	D	☒	1.1 TITLE	PD	☒
NAME	RAWLINS, STEVEN		1.2 NAME	Leigh Burdett	
STREET ADDRESS	1903 SIDEWHEEL WAY		1.3 STREET ADDRESS	13899 Athens Drive	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	TD	☒	2.1 TITLE	TD	☒ ☐
NAME	MICKLER, PATRICK		2.2 NAME	Colman Brodsky	
STREET ADDRESS	1900 BELLE ANGELINE		2.3 STREET ADDRESS	13941 Athens Drive	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	SD	☐	3.1 TITLE		☐ ☐
NAME	STARR, MIKE		3.2 NAME		
STREET ADDRESS	13953 ATHENS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		3.4 CITY-ST-ZIP		
TITLE	PD	☐	4.1 TITLE	D	☒ ☐
NAME	RAQSDALE, LOIS V		4.2 NAME		
STREET ADDRESS	13923 ATHENS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		4.4 CITY-ST-ZIP		
TITLE	VPD	☐	5.1 TITLE		☐ ☐
NAME	LEWIS, CHARLES		5.2 NAME		
STREET ADDRESS	13935 ATHENS DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLEF L 32223		5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leigh A. Burdett 4/27/99 904-636-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #