2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2003
Secretary of State

DOCUMENT# N14276

Entity Name: RIVERCHASE ASSOCIATION, INC.

Current Principal Place of Business:

1905 ATLANTIC BLVD
P.O. BOX 24501
JACKSONVILLE, FL 32241

New Principal Place of Business:

Current Mailing Address:

13879 MANDARIN RD
JACKSONVILLE, FL 32223 US

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:

LOCKWOOD, JAMES
13879 MANDARIN ROAD
JACKSONVILLE, FL 32223

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: BURDETT, LEIGH
Address: 13899 ATHENS DR
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete
Name: LOCKWOOD, JIM
Address: 13905 ATHENS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: NICHOLSON, BYRD
Address: 1805 STERNWHEEL DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: SACHS, MARCIA
Address: 13893 ATHENS DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD ( ) Delete
Name: GABBAMONTE, MARIE
Address: 14010 ATHENS DR
City-St-Zip: JACKSONVILLEF, L 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: LOCKWOOD, JIM
Address: 13905 ATHENS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: TD (X) Change ( ) Addition
Name: SHEPPARD, MARK
Address: 1902 SIDEWHEEL WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change ( ) Addition
Name: CONNELLY, JIM
Address: 1791 STEERNWHEEL
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES M. LOCKWOOD VD 09/14/2003

Electronic Signature of Signing Officer or Director — Date