

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23636

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** EPPING FOREST COMMUNITY MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

6015 MORROW ST E  
STE 107  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

6015 MORROW ST E  
STE 107  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

**FEI Number:** 59-2808222      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANNING MANAGEMENT, INC.  
6015 MORROW ST. E.  
107  
JACKSONVILLE, FL 32217 US

**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: FRANZBLAU, NATHAN  
Address: 6730 EPPING FOREST WAY N.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: TR ( ) Delete  
Name: DEMETREE, JAY  
Address: 6671 EPPING FOREST WAY N  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP ( ) Delete  
Name: COFFEE, ROBERT  
Address: 6828 LINFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32217

**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: NATHAN FRANZBLAU

PD

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date