2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46124

FILED Mar 07, 2008 Secretary of State

Entity Name: MT. PLEASANT CREEK UNIT 3 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 463499 STATE RD 200 7600 ARLINGTON EXPRESSWAY YULLE, FL 32097 JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** P O BOX 50886 P O BOX 1987 JACKSONVILLE BEACH, FL 32240 YULEE, FL 32041 US US FEI Number: 59-3116282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROPERTY MANAGEMENT SYSTEMS INC RIVER CITY MANAGEMENT SERVICES 463499 STATE RD 200 7600 ARLINGTON EXPRESSWAY YULEE, FL 32097 JACKSONVILLE, FL 32211 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: STHOMPSON 03/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KOLB, STEPHEN Name: Name: 12619 COUNTRY CHARM LANE N Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: Title: () Delete () Change () Addition Name: VACH, DONNA Name: Address: 1631 PICKET FENCE CT Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, LLOYD Name: Name: 12536 POINT PARK DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: KOLB, RILA Name: 12619 COUNTRY CHARM LANE N Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 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: STHOMPSON RA 03/07/2008