2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N46124

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

Current Principal Place of Business:

7600 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 50886
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 59-3116282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVER CITY MANAGEMENT SERVICES
7600 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 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: KOLB, STEPHEN
Address: 12619 COUNTRY CHARM LANE N
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete
Name: VACH, DONNA
Address: 1631 PICKET FENCE CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: BROWN, LLOYD
Address: 12536 POINT PARK DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: KOLB, RILA
Address: 12619 COUNTRY CHARM LANE N
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: TAYLOR, NANCY
Address: 12603 COUNTRY CHARM LANE N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change ( ) Addition
Name: STAZENSKI, TISH
Address: 12610 COUNTRY CHARM LANE N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Change ( ) Addition
Name: KOLB, RILA
Address: 12619 COUNTRY CHARM LANE N
City-St-Zip: JACKSONVILLE, FL 32225

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 03/19/2009

Electronic Signature of Signing Officer or Director — Date