


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 008 ****61.25

DOCUMENT # N93000004167 1. Entity Name RIVER BAY PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARLLEY RD. JACKSONVILLE, FL 32257 US			Mailing Address % SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARLLEY RD. JACKSONVILLE, FL 32257 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		03202008 Chg-NP		CR2E037 (12/06)	
4. FEI Number 59-3211167				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARLLEY RD. JACKSONVILLE, FL 32257			Name <u>Flagship Association mgmt.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1121 Kingsley Ave</u>		
			City <u>Orange Park</u> FL Zip Code <u>32073</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>3/25/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPTING, JERRY 12816 BAY OAKS LN. JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, MERISA 12712 BAY PLANTATION DR JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PATTY 12916 BAY PLANTATION DR JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, CHUCK 14416 BAY OAKS LN. JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, ROB 12819 BAY OAKS LN JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marisa O. Renaud</u>			Date <u>4/2/08</u>		Daytime Phone # <u>904-434-4953</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					