2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N93000004167

Entity Name: RIVER BAY PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% SIGNATURE REALTY & MANAGEMENT, INC.
4003 HARLTEY RD.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 US

Current Mailing Address:

% SIGNATURE REALTY & MANAGEMENT, INC.
4003 HARLTEY RD.
JACKSONVILLE, FL 32257 US

New Mailing Address:

P.O. BOX 600033
JACKSONVILLE, FL 32260 US

FEI Number: 59-3211167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLAGSHIP ASSOCIATION MGMT
1121 KINGSLEY AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 US

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: ELAINE BROOKS 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EPTING, JERRY
Address: 12816 BAY OAKS LN.
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: LEONARD, MERISA
Address: 12712 BAY PLANTATION DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: JONES, PATTY
Address: 12916 BAY PLANTATION DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: COX, CHUCK
Address: 14416 BAY OAKS LN.
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete
Name: HUGHES, ROB
Address: 12819 BAY OAKS LN
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEONARD, MARISA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: T (X) Change ( ) Addition
Name: HANANIA, DEBBIE
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: S (X) Change ( ) Addition
Name: JOSEPH, TERRI
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Change ( ) Addition
Name: COX, CHARLES
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Change ( ) Addition
Name: JONES, PATTY
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

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: MARISA LEONARD P 04/09/2009
Electronic Signature of Signing Officer or Director Date