2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N94000003222

Entity Name: ST. MARKS RIVER'S EDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

COURTHOUSE SQUARE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

215 MORIAH CREEK RD
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-3360481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLES, RAY
215 MORIAH CREEK RD
CRAWFORDVILLE, FL 32327 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: VPD ( ) Delete
Name: PRUITT, MIKE
Address: PO BOX 153
City-St-Zip: ST MARKS, FL 32355

Title: PD ( ) Delete
Name: BOLES, RAY
Address: PO BOX 966
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: SD ( ) Delete
Name: GLENDA, PRUITT
Address: PO 153
City-St-Zip: ST MARKS, FL 32355

Title: TD ( ) Delete
Name: BOLES, LINDA
Address: PO BOX 966
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOLES, RAY
Address: PO BOX 966
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: VPD (X) Change ( ) Addition
Name: PRUITT, MIKE
Address: PO BOX 153
City-St-Zip: ST. MARKS, FL 32355

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 for the exemption stated in Section 119.07(3)(i), 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: RAY BOLES PD 04/19/2005

Electronic Signature of Signing Officer or Director — Date