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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006006**

1. Corporation Name
REEDY BRANCH PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4314 PABLO OAKS COURT JACKSONVILLE FL 32224	4314 PABLO OAKS COURT JACKSONVILLE FL 32224

2. Principal Place of Business	2a. Mailing Address
21 9471 Baymeadows Road	26 9471 Baymeadows Road
Suite, Apt. #, etc. 22 404	Suite, Apt. #, etc. 27 404
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32256 25 Duval	Zip / Country 29 32256 30 Duval

3. Date Incorporated or Qualifed: 10/24/1997

4. FEI Number: 59-3500782 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~BARBOUR, GREGORY J~~
~~4314 PABLO OAKS COURT~~
~~JACKSONVILLE FL 32224~~

L. Denise Wallace
9551 Baymeadows Road
Suite 4
Jax, FL 32256

10. Name and Address of New Registered Agent

81 Name: L. Denise Wallace
82 Street Address (P.O. Box Number is Not Acceptable): 9471 Baymeadows Road
83 Suite 404
84 City: Jacksonville, FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: L. Denise Wallace Agent — L. Denise Wallace — 3/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBOUR, GREGORY J		1.2 NAME	
STREET ADDRESS	4314 PABLO OAKS COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OWENS, LAUREN L		2.2 NAME	
STREET ADDRESS	4314 PABLO OAKS COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEDERSON, TANYA		3.2 NAME	
STREET ADDRESS	4314 PABLO OAKS COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE GREGORY J. BARBOUR — 2-23-99 — 904-992-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)