

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90136 012 ****61.25

DOCUMENT # N97000006006

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

Principal Place of Business Mailing Address

**920 THIRD STREET
 SUITE B
 NEPTUNE BEACH FL 32266**

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 SUITE B
 NEPTUNE BEACH FL 32266**

B0067889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3500782** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, DENISE L
 920 THIRD STREET
 SUITE B
 NEPTUNE BEACH FL 32266**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSKEY, MARTIN 8916 CANOPY OAKS DRIVE JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROGDON, DAN 8791 REEDY BRANCH DRIVE JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN PELT, TRACI 10657 CROOKED TREE COURT JACKSONVILLE FL 32256	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOLLON, KATHY 8722 CANOPY OAKS DRIVE JACKSONVILLE FL 32256	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMER, ERIC 8922 CANOPY OAKS DRIVE JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Linette Pelletier 8713 Reedy Branch Drive Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Connie Gordon 8851 Canopy Oaks Drive Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: *[Signature]* **REQUIRED** Date **1/12/02** Daytime Phone # **332-3640**

CR2E037 (9/01)