2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90023 011 ****61.25

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

Principal Place of Business	Mailing Address
920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266	920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 c/o MAY MANAGEMENT SVCS INC

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5455 US HWY AIA SOUTH Suite, Apt. #, etc.
City & State	ST. AUGUSTINE FL
Zip / Country	32080-7111 / USA

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

~~HERREN, JANICE L~~
~~3670 US 1 SOUTH SUITE 100~~
SAINT AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name: MAY MANAGEMENT SERVICES, INC
Street Address (P.O. Box Number is Not Acceptable): 5455 US HWY AIA SOUTH
City: ST. AUGUSTINE FL Zip Code: 32080-7111

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: Carol Burkett 2/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 FOSKEY, MARTIN 8916 CANOPY OAKS DRIVE JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P Bechtinger, Priscilla 8838 Canopy Oaks Dr Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PILLITILTTERI, RAY 8649 CROOKED TREE JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PELLETIER, LINETTE 8713 REEDY BRANCH DRIVE JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S Callahan, Kim C 10648 Crooked Tree Court Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD BETCHINGER, PRISCILLA 8839 CANOPY OAKS DR JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Burkett, Carol 8776 Canopy Oaks Drive Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Carol Burkett 2/18/04 363-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #