2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90184 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	920 THIRD STREET SUITE B NEPTUNE BEACH FL 32266

☐ CHECK HERE IF MAKING CHANGES

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 Janice L. Herren
Street Address (P.O. Box Number is Not Acceptable) 3670 US 1 South Ste 100
City St. Augustine FL Zip Code 32086

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 Janice E Herren DATE 2/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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
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	☐ Change ☒ Addition VPD PILITITTERI, RAY 8649 CROOKED TREE JACKSONVILLE, FL 32256
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 BITCHINGER, PRISCILLA (2VPD) 8838 CANOPY OAKS DR. JACKSONVILLE, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GORDON, CONNIE 8851 CANOPY OAKS DRIVE JACKSONVILLE FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: REQUIRED Martin Foskey 03-19-03