


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90041 004 ****61.25

DOCUMENT # N98000005603	
1. Entity Name REED ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8009 S. ORANGE AVE. ORLANDO, FL 32809	Mailing Address 8009 S. ORANGE AVE. ORLANDO, FL 32809
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2. Principal Place of Business - No P.O. Box # C/O Gerald Dake & Assoc.	3. Mailing Address 13617 Atlantic Blvd.
Suite, Apt. #, etc. 13617 Atlantic Blvd.	Suite, Apt. #, etc. Jacksonville, FL
City & State Jacksonville, FL	City & State 32225
Zip 32225	Country USA

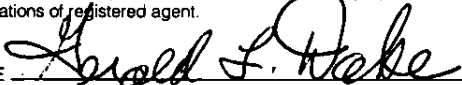


01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3537551	Applied For <input type="checkbox"/> Not Applicable
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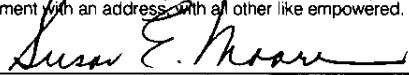
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LELAND MANAGEMENT 8009 S. ORANGE AVE. ORLANDO, FL 32809	7. Name and Address of New Registered Agent Name Gerald Dake & Associates, Inc. Street Address (P.O. Box Number is Not Acceptable) 13617 Atlantic Blvd. Jacksonville City FL Zip Code 32225
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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 	DATE 2/16/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETTY, PHIL 11294 KINGLESY MANOR WAY JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MOORE, SUSAN 11348 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President SUSAN MOORE 11348 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JACKSON, ROSALYN 11288 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP D ROBERT JACKSON 11331 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDREY BAXLEY 11319 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	