2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9800005603 1. Entity Name REED ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.				04-06-2007 90041 004 ****61.25					
Principal Place of Business 8009 S. ORANGE AVE. 0RLANDO, FL 32809 Mailing Address 8009 S. ORANGE AVE. 0RLANDO, FL 32809 ORLANDO, FL 32809							10161 11111 11111 11111 11161 H		
2. Principal Place of Business - No P.O. Box # Clo Acral d'Dake + KS & U. 3. Mailing Address 13417 Atlantic				d.					
Suite, Apt. #, etc. 13417 Atlantic BIVA. Site State Suite, Apt. #, etc. 13417 Atlantic BIVA. State State Suite, Apt. #, etc.			UPV			ng-NP CR	2E037 (12/06)		
Jacksonville FL 3		31115	City & State		4. FEI Number 59-353755	1	No	pplied For at Applicable	
3222		Zip	USAY		5. Certificate of Sta		Fee Require		
	6. Name and Address of Current R	tegistered Agent	Name	<u> </u>		ress of New Registe			
LELAND MANAGEMENT						Associates	inu		
8009 S. ORANGE AVE. ORLANDO, FL 32809				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32809				Vacksmille					
				City FL Zip Code					
8. The above the obligate SIGNATURE	e named entity submits this statement for- tions of registered agent.	the purpose of changing its i	registered office	e or register	ed agent, or both, in	the State of Florida.	I am familiar with,	and accept	
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	: Registered Agent sig	mature required	I when reinstating)	(-	DATE		
·	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C	paign Financin		\$5.00 May Be Added to Fees	Make c	check payable to epartment of St		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Financin	g 🗆	\$5.00 May Be	Make o Fiorida D	check payable to epartment of St	tate	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/51

Daytime Phone #