

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005604

1. Entry Name
REED ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225**

Mailing Address

**C/O GERALD DAKE & ASSOCIATES INC.
13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225**



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3537551

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GERALD DAKE & ASSOCIATES INC.
13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME OTTO, MIKE
STREET ADDRESS 4918 REED ISLAND TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ST
NAME COOK, CHERYL
STREET ADDRESS 11352 REED ISLAND DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VP
NAME DIPERNA, MICHAEL
STREET ADDRESS 11358 REED ISLAND DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000496888
04/22/06-80031-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Michael R Otto* **MICHAEL R OTTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

904 997 9195
Daytime Phone #