# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# N98000005604

**Entity Name:** REED ISLAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

11352 REED ISLAND DR
JACKSONVILLE, FL 32225

**Current Mailing Address:**

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

**New Mailing Address:**

CHERYL M LEWIS-TREA
11352 REED ISLAND DR
JACKSONVILLE, FL 32225

**FEI Number: 59-3537551** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, CHERYL M
11352 REED ISLAND DR
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete
Name: COOK, CHERYL
Address: 11352 REED ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: P ( ) Delete
Name: DIPERNA, MICHAEL
Address: 11358 REED ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: LAMB, RICK
Address: 4925 REED ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL M LEWIS TREA 04/14/2009
Electronic Signature of Signing Officer or Director — Date