2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N99000004616

Entity Name: JULINGTON LANDING HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

4049 SHADY CREEK LA
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

4049 SHADY CREEK LA
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3621507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REYNOLDS, EDEN
4049 SHADY CREEK LANE
JACKSONVILLE, FL 32223 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: T ( ) Delete
Name: WELSCH, MARIA
Address: 4046 SHADY CREEK LANE
City-St-Zip: JACKSONVILLE, FL 322232081

Title: P ( ) Delete
Name: REYNOLDS, EDEN
Address: 4049 SHADY CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: 1V ( ) Delete
Name: PASSMORE, KEN
Address: 4063 WATERWAY CT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: MAZES, JUDY
Address: 4057 SHADY CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDEN S. REYNOLDS P 05/02/2005

Electronic Signature of Signing Officer or Director — Date