

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 009 ****61.25

DOCUMENT # N01000002870
1. Entity Name
Rabbit Ridge Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

425240

2. Principal Place of Business
4501 Beverly Avenue
Suite, Apt. #, etc.

3. Mailing Address
4501 Beverly Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Jacksonville, Florida		City & State Jacksonville, Florida		4. FEI Number 59-3719248	Applied For Not Applicable
Zip 32210	Country USA	Zip 32210	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Kenyon S. Atlee

Street Address (P.O. Box Number is Not Acceptable)
4501 Beverly Avenue

City
Jacksonville **FL** Zip Code
32210

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Atlee, Kenyon S. 4501 Beverly Avenue Jacksonville, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Bradford, Eric N. 4501 Beverly Avenue Jacksonville, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crisp, Dale K. 4501 Beverly Avenue Jacksonville, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenyon S Atlee **2-6-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #