




**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90012 004 \*\*\*\*61.25

<b>DOCUMENT # N0100002870</b>			
1. Entity Name <b>RABBIT RIDGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 2215 E STATE RD 200 YULLEE, FL 32097 US		Mailing Address P.O. BOX 1987 YULEE, FL 32097	
2. Principal Place of Business 7900 103rd street		3. Mailing Address 7900 103rd street	
Suite, Apt. #, etc. 20-117		Suite, Apt. #, etc. 20-117	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32210		Country Duvai	
Country Duvai		Zip 32210	
Country Duvai		Country Duvai	
6. Name and Address of Current Registered Agent  POWELL, TERRELL J 2215 E STATE RD 200 YULLEE, FL 32097		7. Name and Address of New Registered Agent Name <u>Ruby S. Harbin</u> Street Address (P.O. Box Number is Not Acceptable) <u>7900 103rd street</u> <u>Suite # 20-117</u> City <u>JACKSONVILLE</u> <b>FL</b> Zip Code <u>32210</u>	
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 		Ruby S. Harbin Secretary/Treasurer 1-30-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATLEE, KENYON S 4501 BEVERLY AVE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James A. Harbin 7900 103rd street, Suite 20-117 JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BRADFORD, ERIC N 4501 BEVERLY AVE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glennan E. Smith Jr 7900 103rd st, Suite 20-117 JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISP, DALE K 4501 BEVERLY AVE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James M. Nichols 7900 103rd st, Suite 20-117 JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David S. Marks 7900 103rd st, Suite 20-117 JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Guy J. Smith 7900 103rd st, Suite 20-117 JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Ruby S. Harbin 7900 103rd st, Suite 20-117 JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Ruby S. Harbin ST 1-29-04 904.234.6814	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	