
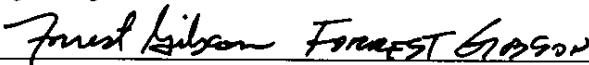
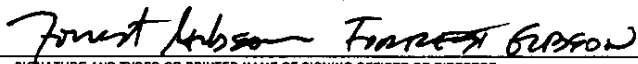


-2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY -7 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008370					
1. Entity Name JULINGTON PLAZA OWNERS ASSOCIATION, INC.					
Principal Place of Business 9428 BAYMEADOWS ROAD SUITE 112 JACKSONVILLE, FL 32256			Mailing Address 9428 BAYMEADOWS ROAD SUITE 112 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 10739 Deerwood Park Blvd. Suite, Apt. #, etc. # 103		3. Mailing Address 10739 Deerwood Park Blvd. Suite, Apt. #, etc. # 103			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 80-0062119	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32256		Country US		Zip 32256	
Country US		Country US			
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.		DATE 5/3/07	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECKLER, THOMAS F		NAME		
STREET ADDRESS	9428 BAYMEADOWS ROAD #112		STREET ADDRESS	700102931847	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	05/21/07--01017--006 **122.50	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, FORREST		NAME	GIBSON, FORREST	
STREET ADDRESS	1301 RIVERPLACE BLVD. #2330		STREET ADDRESS	10739 DEERWOOD PARK BLVD # 103	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, LADSON		NAME	MONTGOMERY, LADSON	
STREET ADDRESS	1301 RIVERPLACE BLVD. #2330		STREET ADDRESS	10739 DEERWOOD PARK BLVD. # 103	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/3/07	
				DAYTIME PHONE # 904 399 5222	

D. Mitchell MAY 7 2007