| JACKSONVI  | LLE, FL 32256 US                         |                 |                                   |            |
|--|--|-----------------|-----------------------------------|------------|
| FEI Number: 13-4211306   |  |                 | Certificate of Status Desired: No |            |
| Name and Address of Current Registered Agent:  |  |                 |                                   |            |
| ASSOCIA CMC OF JACKSONVILLE<br>7400 BAYMEADOWS WAY STE317<br>JACKSONVILLE, FL 32256 US   |  |                 |                                   |            |
| 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  | : MICHELLE GRIGGS                        |                 |                                   | 04/26/2024 |
|  | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Officer/Director Detail :  |  |                 |                                   |            |
| Title  | PRESIDENT                                | Title           | VP                                |            |
| Name   | GABRIEL, VERA                            | Name            | KRAFT, YVETTE C                   |            |
| Address  | 7400 BAYMEADOWS WAY<br>SUITE 317         | Address         | 7400 BAYMEADOWS WAY<br>SUITE 317  |            |
| City-State-Zip:  | JACKSONVILLE FL 32256                    | City-State-Zip: | JACKSONVILLE FL 32256             |            |
| Title  | SECRETARY, TREASURER                     |                 |                                   |            |
| Name   | FULFORD, KEVIN C                         |                 |                                   |            |
| Address  | 7400 BAYMEADOWS WAY STE 317              |                 |                                   |            |
|  |  |                 |                                   |            |

I hereby 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 all other like empowered.

PRESIDENT

#### SIGNATURE: VERA GABRIEL

City-State-Zip: JACKSONVILLE FL 32256

Electronic Signature of Signing Officer/Director Detail

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0200002445

#### Entity Name: NEW PLANTATION POINT OWNERS ASSOCIATION, INC.

### **Current Principal Place of Business:**

7400 BAYMEADOWS WAY STE 317 JACKSONVILLE, FL 32256

### **Current Mailing Address:**

7400 BAYMEADOWS WAY SUITE 317

# FILED Apr 26, 2024

### Secretary of State 6397148403CC

04/26/2024