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.

SVP

SIGNATURE: KATHY D MILLER

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORP	ORATION ANNUAL REPORT

DOCUMENT# N0200008370

Entity Name: JULINGTON PLAZA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE INDEPENDENT DR SUITE 114 JACKSONVILLE, FL 32202

Current Mailing Address:

ONE INDEPENDENT DR SUITE 114 JACKSONVILLE, FL 32202

FEI Number: 80-0062119

Name and Address of Current Registered Agent:

F & L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

Officer/Director Detail :				
Title	SVP	Title	VP	
Name	MILLER, KATHY D	Name	MAS, MICHAEL J	
Address	ONE INDEPENDENT DR, SUITE 114	Address	ONE INDEPENDENT DRIVE, SUITE	
City-State-Zip: JACKSONVILLE FL 32202	JACKSONVILLE FL 32202	0 ¹¹ 01 1 7		
		City-State-Zip:	JACKSONVILLE FL 32202	
Title	SVP			
Name	ARGALAS, BARRY			
Address	ONE INDEPENDENT DRIVE, SUITE 114			
City-State-Zip:	JACKSONVILLE FL 32202			

Certificate of Status Desired: No

FILED Apr 08, 2015 Secretary of State CC9006007132

Date