

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008370

**Entity Name:** JULINGTON PLAZA OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC4006739457**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           SVP  
Name           MILLER, KATHY D  
Address        ONE INDEPENDENT DR, SUITE 114  
City-State-Zip: JACKSONVILLE FL 32202

Title           VP  
Name           MAS, MICHAEL J  
Address        ONE INDEPENDENT DRIVE, SUITE  
                  114  
City-State-Zip: JACKSONVILLE FL 32202

Title           SVP  
Name           ARGALAS, BARRY  
Address        ONE INDEPENDENT DRIVE, SUITE  
                  114  
City-State-Zip: JACKSONVILLE FL 32202

*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.*

**SIGNATURE: KATHY D MILLER**

**SVP**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date