2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2016
Secretary of State
CC3129212440

Entity Name: AUCILLA PLANTATIONS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2121 KILLARNEY WAY
TALLAHASSEE, FL 32309

Current Mailing Address:

POST OFFICE BOX 11143
TALLAHASSEE, FL 32302 US

FEI Number: 20-4402491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT
2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 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: JOANIE TROTMAN 04/19/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	S/T
Name	JONES, DUANE	Name	LIMKEMAN, GREGORY
Address	POST OFFICE BOX 11143	Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302
Title	VP	Title	D
Name	PALMER, LARRY	Name	LIMKEMAN, GARY
Address	POST OFFICE BOX 11143	Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302
Title	D	Title	MANAGING AGENT
Name	MITZFIELD, CHUCK	Name	FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.
Address	POST OFFICE BOX 11143	Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302

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: JOANIE TROTMAN CAM 04/19/2016

Electronic Signature of Signing Officer/Director Detail — Date