2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002204

Entity Name: AUCILLA PLANTATIONS PROPERTY OWNERS ASSOCIATION,

INC.

N.I

Apr 30, 2018 Secretary of State CC4541811669

FILED

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 04/30/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Address

Title PRESIDENT, DIRECTOR Title S/T

NameJONES, DUANENameLIMKEMAN, GREGORYAddressPOST OFFICE BOX 11143AddressPOST OFFICE BOX 11143City-State-Zip:TALLAHASSEE FL 32302City-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

City-State-Zip: TALLAHASSEE FL 32302

Address POST OFFICE BOX 11143

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

Electronic Signature of Signing Officer/Director Detail

POST OFFICE BOX 11143

CAM

04/30/2018