DOCUMENT# N06000002204 Entity Name: AUCILLA PLANTATIONS PROPERTY OWNERS ASSOCIATION, INC.	Apr 17, 20 Secretary of CC5767632
Current Principal Place of Business:	
2121 KILLARNEY WAY TALLAHASSEE, FL 32309	
Current Mailing Address:	

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

POST OFFICE BOX 11143 TALLAHASSEE, FL 32302 US

## FEI Number: 20-4402491

## Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT 2121 KILLARNEY WAY TALLAHASSEE, FL 32309 US

Certificate of Status Desired: No

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	E: JOANIE TROTMAN		04/1	7/2017
	Electronic Signature of Registered Agent		C	Date
Officer/Dire	ctor 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 & PROPERT	Y
Address	POST OFFICE BOX 11143	Address	MANAGEMENT, INC. POST OFFICE BOX 11143	
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:		

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.

CAM

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Apr 17, 2017 Secretary of State CC5767632590