FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736846** **(7)**

1. Corporation Name

HOMEOWNERS' ASSOCIATION OF PLUMMERS COVE, INC.

Principal Place of Business	Mailing Address
~~8301 CYPRESS PLAZA DRIVE~~ ~~SUITE 124~~ JACKSONVILLE FL ~~32256-4226~~	~~8301 CYPRESS PLAZA DRIVE~~ ~~SUITE 124~~ JACKSONVILLE FL ~~32256-4226~~

3. Date Incorporated or Qualified: 09/20/1976
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business	2a. Mailing Address
21 11330-1 St. Johns	26 11330-1 St. Johns
Suite, Apt. #, etc. 22 Industrial Parkway	Suite, Apt. #, etc. 27 Industrial Parkway
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32246 / Country 25	Zip 29 32246 / Country 30

4. FEI Number: 59-3060294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HULSEY, JOHN A
~~8301 CYPRESS PLAZA DRIVE~~
~~SUITE 124~~
JACKSONVILLE FL ~~32256~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11330-1 St. Johns Industrial Parkway
83
84 City: Jacksonville, FL 85 Zip Code: 32246

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HULSEY, JOHN ~~8301 CYPRESS PLAZA DRIVE, #124~~ JACKSONVILLE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 11330-1 St. Johns Industrial Parkway Jacksonville, FL 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARDSON, BOB 2725 COVE VIEW DRIVE S. JACKSONVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHILLIPS, MARJORIE 2733 COVE VIEW DRIVE S. JACKSONVILLE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KHAN, KAHLIL 9930 COVE VIEW DRIVE E. JACKSONVILLE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, TOM 2733 COVE VIEW DRIVE S. JACKSONVILLE FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOUTHWELL, BOB 2710 COVE VIEW DRIVE N. JACKSONVILLE FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/14/96 904/365-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John A. Hulsey