SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
11330-1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246 US	D11330-1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1976	3a. Date of Last Report: 02/21/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

HULSEY, JOHN A
11330-1 ST JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name: DANIEL J GAMSKY
82 Street Address (P.O. Box Number is Not Acceptable): 9920 E COVE VIEW DR
83
84 City: JAX FL 85 Zip Code: 32257

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: Daniel J Gamsky — 7/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HULSEY, JOHN 11330-1 ST JOHNS INDUSTRIAL PKY JACKSONVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Gamsky, Dan 9920 Cove View Drive E. Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARDSON, BOB 2725 COVE VIEW DRIVE S. JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD Beliakoff, Sandra 2745 Cove View Drive S. Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHILLIPS, MARJORIE 2733 COVE VIEW DRIVE S. JACKSONVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Kiesel, Beverly 2710 Cove View Drive N. Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KHAN, KAHLIL 9930 COVE VIEW DRIVE E. JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Libby, Morris 2749 Cove View Drive South Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, TOM 2733 COVE VIEW DRIVE S. JACKSONVILLE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Murray, Richard 2762 Cove View Drive North Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOUTHWELL, BOB 2710 COVE VIEW DRIVE N. JACKSONVILLE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED — DANIEL J GAMSKY — 7/29/97 — 904-358-2276