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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	11330-1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246 US

3. Date Incorporated or Qualified: 09/20/1976

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GAMSKY, DANIEL J
9920 E COVE VIEW DR
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: John A. Hulsey c/o PG Management Co.
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: _____ John A. Hulsey 2-5-98
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	PD GAMSKY, DAN 9920 COVE VIEW DR E JACKSONVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Gamsky, Dan 9920 Cove View Drive E Jacksonville, FL 32257	XX 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	V Richardson, Bob 2725 Cove View Drive S Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BELIAKOFF, SANDRA 2745 COVE VIEW DR S JACKSONVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Beliakoff, Sandra 2745 Cove View Drive S 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 Phillips, Tom 2733 Cove View Drive South Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIBBY, MORRIS 2749 COVE VIEW DR S JACKSONVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Kiesel, Don 2710 Cove View Drive N Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, RICHARD 2762 COVE VIEW DR N JACKSONVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	P Phillips, Marjorie 2733 Cove View Drive S Jacksonville, FL 32257	☐ Change ☒ Addition

CR2E037 (10/97)

14. I 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: Marjorie Phillips 2-6-98 904/828-1281