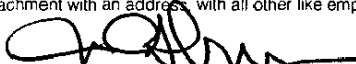


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90043 001 ****61.25

DOCUMENT # 736846 1. Entity Name HOMEOWNERS' ASSOCIATION OF PLUMMERS COVE, INC.					
Principal Place of Business 11330-1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US			Mailing Address 11330-1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3060294	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHN A. HUSLEY C/O PG MANAGEMENT CO. 11330-1 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNEY, JAMES 2719 COVE VIEW DRIVE NORTH JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Townsend, William 2718 Cove View Drive North Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RICHARDSON, BOB 2725 COVE VIEW DRIVE S. JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Murray, Richard 2762 Cove View Drive N Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HULSEY, JOHN 2709 COVE VIEW DRIVE SOUTH JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAMSKY, DAN 9920 COVE VIEW DR EAST JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIESEL, DON 2710 COVE VIEW DRIVE N JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHOEPEL, KEVIN 2724 COVE VIEW DR. N JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			John A. Hulsey		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/10/04 904-565-1901		