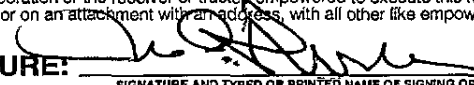


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
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		DO NOT WRITE IN THIS SPACE
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. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
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	D MURRAY, RICHARD 2762 COVE VIEW DR 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	D GAMSKY, DAN 9920 COVE VIEW DR EAST JACKSONVILLE, FL 32257	
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	P SCHOEPEL, KEVIN 2724 COVE VIEW DR. N JACKSONVILLE, FL 32257	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Husley		2/1/05 904-565-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3060294

Applied For
Not Applicable

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

1100000213386
02/03/05-80069-004 \$1.25

**DO NOT WRITE
IN THIS SPACE**