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	Mailing Address
11330-1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US	11330-1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US

01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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

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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 _____ DATE
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	V
NAME	TOWNSEND, WILLIAM
STREET ADDRESS	2718 COVE VIEW DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	MURRAY, RICHARD
STREET ADDRESS	2762 COVE VIEW DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	T
NAME	HULSEY, JOHN
STREET ADDRESS	2709 COVE VIEW DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	GAMSKY, DAN
STREET ADDRESS	9920 COVE VIEW DR EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	KIESEL, DON
STREET ADDRESS	2710 COVE VIEW DRIVE N
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	P
NAME	SCHOEPPEL, KEVIN
STREET ADDRESS	2724 COVE VIEW DR. N
CITY-ST-ZIP	JACKSONVILLE, FL 32257

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02/03/05-80063-004 61.25

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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 Husley 2/1/05 904-565-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #