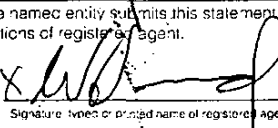
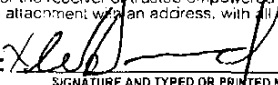


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90022 040 ****61.25

DOCUMENT # 736846 1. Entity Name HOMEOWNERS' ASSOCIATION OF PLUMMERS COVE, INC.					
Principal Place of Business 2745 COVE VIEW DR S JACKSONVILLE, FL 32257 US			Mailing Address 2745 COVE VIEW DR S INDUSTRIAL PKWY JACKSONVILLE, FL 32257 US		
2. Principal Place of Business - No P.O. Box # 2718 Cove View Dr N		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State		4. FEI Number 59-3060294	
Zip 32257		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELIAKOFF, SANDRA L 2745 COVE VIEW DR S JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Bill Townsend Street Address (P.O. Box Number is Not Acceptable) 2718 Cove View Dr N City Jacksonville FL Zip Code 32257	
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 4-10-07 Signature (typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when resigning))					
Filing Fee is \$61.25 Due by May 1, 2007		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 GAMSKY, DAN 9920 COVE VIEW DR EAST JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bill Townsend 2718 Cove View Dr N Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP & D Gary Thompson 27154 Cove View Dr N Jacksonville FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lorie Bussey 9950 Cove View Dr E Jacksonville FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mark Schinkofsky 2725 Cove View Dr S Jacksonville FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tom Phillips 2733 Cove View Dr S Jacksonville FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Thompson 4930 Cove View Dr E Jacksonville FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Thompson 4930 Cove View Dr E Jacksonville FL 32257	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4-10-07 904-910-2670		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		