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	Mailing Address
2745 COVE VIEW DR S JACKSONVILLE, FL 32257 US	2745 COVE VIEW DR S INDUSTRIAL PKWY JACKSONVILLE, FL 32257 US

02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2718 Cove View Dr N	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32257 Country	Zip Country

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	7. Name and Address of New Registered Agent
BELIAKOFF, SANDRA L 2745 COVE VIEW DR S JACKSONVILLE, FL 32257	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: X _____ 4-10-07
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	P Bill Townsend 2718 Cove View Dr N Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP&D Gary Thompson 2754 Cove View Dr N Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Lane Bussey 9950 Cove View Dr E Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Mark Schirkofsky 2725 Cove View Dr S Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Tom Phillips 2733 Cove View Dr S Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: X _____ 4-10-07 904-910-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #