2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 736846

1. Entity Name
HOMEOWNERS' ASSOCIATION OF PLUMMERS COVE, INC.

FILED
08 APR 14 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2718 COVE VIEW DR N JACKSONVILLE, FL 32257 US	2718 COVE VIEW DR N JACKSONVILLE, FL 32257 US

01282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / 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
TOWNSEND, BILL 2718 COVE VIEW DR N JACKSONVILLE, FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 [signature] X 3/29/08
Signature, typed 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, 2008

☐ 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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, BILL	NAME	300123683433
STREET ADDRESS	2718 COVE VIEW DR. N	STREET ADDRESS	04/16/08--01008--005 **61.25
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMPSON, GARY	NAME	
STREET ADDRESS	2754 COVE VIEW DR. N	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUSSEY, LANE	NAME	
STREET ADDRESS	9950 COVE VIEW DR. E	STREET ADDRESS	AM 4/15
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHIRKOFSKY, MARK	NAME	
STREET ADDRESS	2725 COVE VIEW DR. S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	PHILLIPS, TOM	NAME	SHEARY MURRAY
STREET ADDRESS	2733 COVE VIEW DR. S	STREET ADDRESS	2762 COVE VIEW DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	THOMPSON, JOHN	NAME	DAVE BELIAKOFF
STREET ADDRESS	9930 COVE VIEW DR. E	STREET ADDRESS	2745 COVE VIEW DR S
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	JACKSONVILLE FL 32257

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 [signature] Treasurer X 3/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #