# 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<br>JACKSONVILLE, FL 32257 US | 2718 COVE VIEW DR N<br>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<br>2718 COVE VIEW DR N<br>JACKSONVILLE, FL 32257 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>TOWNSEND, BILL<br>2718 COVE VIEW DR. N<br>JACKSONVILLE, FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>300123683433<br>04/16/08--01008--005 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>THOMPSON, GARY<br>2754 COVE VIEW DR. N<br>JACKSONVILLE, FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUSSEY, LANE<br>9950 COVE VIEW DR. E<br>JACKSONVILLE, FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>4/14/15 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHIRKOFSKY, MARK<br>2725 COVE VIEW DR. S<br>JACKSONVILLE, FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PHILLIPS, TOM<br>2733 COVE VIEW DR. S<br>JACKSONVILLE, FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEARY MURRAY<br>2762 COVE VIEW DR N<br>JACKSONVILLE FL 32257<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMPSON, JOHN<br>9930 COVE VIEW DR. E<br>JACKSONVILLE, FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAVE BELIAKOFF<br>2745 COVE VIEW DR S<br>JACKSONVILLE FL 32257<br>☒ 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 [signature] TREASURER X 3/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #