

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736846

FILED
Feb 11, 2009
Secretary of State

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

Current Principal Place of Business:

2718 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

2754 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

Current Mailing Address:

2718 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

New Mailing Address:

2754 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

FEI Number: 59-3060294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, BILL
2718 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

THOMPSON, GARY
2754 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: GARY THOMPSON

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOWNSEND, BILL
Address: 2718 COVE VIEW DR. N
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: THOMPSON, GARY
Address: 2754 COVE VIEW DR. N
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: BUSSEY, LANE
Address: 9950 COVE VIEW DR. E
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: SCHIRKOFISKY, MARK
Address: 2725 COVE VIEW DR. S
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: MURRAY, SHERRY
Address: 2762 COVE VIEW DR. N
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: BELIAKOFF, DAVE
Address: 2745 COVE VIEW DR. S
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, GARY
Address: 2754 COVE VIEW DR. N
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Change () Addition
Name: THOMPSON, MANDY
Address: 9930 COVE VIEW DR. E
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANE BUSSEY

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date