

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736846

FILED  
Feb 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2754 COVE VIEW DR N  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

2762 COVE VIEW DR N  
JACKSONVILLE, FL 32257 US

**Current Mailing Address:**

2754 COVE VIEW DR N  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

2762 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:**

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

**Name and Address of New Registered Agent:**

MURRAY, SHERRY  
2762 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: SHERRY MURRAY

02/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: BENOIT, RICHARD  
Address: 2737 COVE VIEW DR. S  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: SCHOEPEL, PAM  
Address: 2724 COVE VIEW DR. N  
City-St-Zip: JACKSONVILLE, FL 32257

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

I hereby 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 all other like empowered.

SIGNATURE: SHERRY MURRAY

PRES

02/19/2010

Electronic Signature of Signing Officer or Director

Date