2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 08, 2010
Secretary of State

DOCUMENT# 736846

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

Current Principal Place of Business:

2762 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

2762 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3060294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRAY, SHERRY
2762 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BELIAKOF, DAVE
Address: 2742 COVE VIEW DR. S
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: TREA
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: SCHOEPPEL, PAM
Address: 2724 COVE VIEW DR. N
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 VP 06/08/2010

Electronic Signature of Signing Officer or Director Date