2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2006 8:00 am Secretary of State

DOCUMENT # N0000002586 1. Entity Name PLANTATION ISLAND AT JULINGTON CREEK PLANTATION OWNERS' ASSOCIATION, INC.				05-19-2006 90029 044 ****61.25				
5455 A1A SOUTH PC		Mailing Address PO BOX 1987 YULEE, FL 32041-1987	-					
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2. Principal P	Place of Business	3. Mailing Address 5455 AIA	South		BIII 82III 28XI 86II 88		I MEDITAL AL LILAT	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04282006	Chg-NP	CR2E037 (4/06		
City & State	e	St. Augustin	e FL	4. FEI Number 59-3660	486		Applied For Not Applicable	
Zip	Country	Zip 32080	Country	5. Certificate o	f Status Desired	□ \$8.75 / Fee Requ		
	6. Name and Address of Current F			7. Name and	ddress of New F	Registered Agent		
MAY MAN	AGEMENT SERVICES INC		Name					
MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH ST. AUGUSTINE, FL 32080			Street Ac	ddress (P.O. Box Number	is Not Acceptabl	e)		
	:							
			City			FL Zip C	ode	
the obligat	named entity submits this statement for tions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signatu	re required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE Alake check payable rida Department of		
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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: SUSCIENCE SI Vance	5-17-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	