## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

| DOCUMENT # N0000002586  1. Entity Name PLANTATION ISLAND AT JULINGTON CREEK PLANTATION OWNERS' ASSOCIATION, INC.   |  |   |  |  | 05-02-200                                 | 7 90084 028 *  | ***61.25  |  |
|--|--|---|--|--|---|--|---|--|
| Principal Place of Business 5455 A1A SOUTH ST. AUGUSTINE, FL 32080 US  Mailing Address 5455 A1A SOUTH ST. AUGUSTINE, FL 32080  |  | 080 US  |  |  |   |  |   |  |
| Principal Ptace of Business - No P.O. Box # 3. Mailing Address   |  |   |  | <u> </u>   |   |  |   |  |
|  |  | Suite, Apt. #, etc.   |  |  | J. 14 11 11 11 11 11 11 11 11 11 11 11 11 | MI BERI EBIIE (1681 E448) •                                      | 513351 67 1661  |  |
| Suite, Apt. #, etc.  |  |   |  | 04262007 Ch  | g-NP                                      | CR2E037 (12/   | <u>.</u>  |  |
| City & State   |  | City & State  |  | 4. FEI Number 59-3660486                           | 6   | -  | Applied For<br>Not Applicable   |  |
| Zip  | Country  | Zip   | Country  | 5. Certificate of Sta                              | atus Desired                              | □ \$8.75<br>Fee Re   | Additional  |  |
|  | 6. Name and Address of Current   | Registered Agent  | - <u></u>  | 7. Name and Addr                                   | ess of New F                              |  |   |  |
| MAY MANAGEMENT SERVICES INC  |  |   | Name   |  |   |  |   |  |
| MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH ST. AUGUSTINE EL. 32080   |  |   | Street Address   | Street Address (P.O. Box Number is Not Acceptable) |   |  |   |  |
| ST. AUGUSTINE, FL 32080  |  |   |  |  |   |  |   |  |
|  |  |   | City   |  |   | FL Zip   | Code  |  |
|  | named entity submits this statement for<br>tions of registered agent.  | or the purpose of changing its  | registered office or regis   | itered agent, or both, in t                        | he State of FI                            | orida. I am familiar   | with, and accept  |  |
| SIGNATURE  |  |   |  |  |   |  |   |  |
| Old/Willone  | Signature, typed or printed name of registered agen-   | and title if applicable. (NOTI  | E: Registered Agent signature requi  | ired when reinstating)                             |   | DATE   |   |  |
|  | Signature, lyped or printed name of registered agent<br>Filling Fee is \$61.25<br>Due by May 1, 2007   |   | npaign Financing   | \$5.00 May Be<br>Added to Fees                     |   | DATE  flake check payal  rida Department                         |   |  |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2007<br>OFFICERS AND DI   | 9. Election Car<br>Trust Fund C                                       | npaign Financing   | \$5.00 May Be                                      | Flo                                       | fake check payal<br>rida Department                              | of State  |  |
| 10.<br>TITLE   | Filing Fee is \$61.25<br>Due by May 1, 2007<br>OFFICERS AND DI   | 9. Election Car<br>Trust Fund C                                       | npaign Financing Contribution.   11.  TITLE  | \$5.00 May Be<br>Added to Fees                     | Flo                                       | fake check payal<br>rida Department                              | S IN 10   |  |
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| 10.<br>TITLE<br>NAME   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P SMITH, RICK  | 9. Election Car<br>Trust Fund C                                       | npaign Financing Contribution.   11.  TITLE NAME   | \$5.00 May Be<br>Added to Fees                     | Flo                                       | fake check payal<br>rida Department<br>ERS AND DIRECTOR          | S IN 10   |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P SMITH, RICK 213 EAST KARI COURT JACKSONVILLE, FL 32259 V   | 9. Election Car<br>Trust Fund C                                       | npaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | \$5.00 May Be<br>Added to Fees                     | Flo                                       | fake check payal<br>rida Department<br>ERS AND DIRECTOR          | of State IS IN 10 Inge  |  |
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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 the 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-27-07 904-461-9708 Date Daytime Phone #