


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 030 ****61.25

DOCUMENT # N00000002586 1. Entity Name PLANTATION ISLAND AT JULINGTON CREEK PLANTATION OWNERS' ASSOCIATION, INC.							
Principal Place of Business 5455 A1A SOUTH ST. AUGUSTINE, FL 32080 US			Mailing Address 5455 A1A SOUTH ST. AUGUSTINE, FL 32080 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		08262008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-3660486			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH ST. AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RICK 213 EAST KARI COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christopher Shagnea 216 East Kari Court Saint Johns, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMBLE, MIKE 304 WEST KARI COURT JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANCE, SUSANNA 217 EAST KARI CT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Susanna Vance</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>8/29/08</u> <small>Date</small>		<u>904-230-1901</u> <small>Daytime Phone #</small>	

ATTACHMENT
PLANTATION ISLAND @ JUL CREEK
Community Fact Sheet
Special Info Report - 8/26/2008

<u>Field</u>	<u>Description</u>
Association Code	167/PIJC
Property Manager	Bill Conley/Virginia Staelens
Location	Saint Johns, Florida 32259
Tax ID#	59-3660486
Fiscal Year	Calendar (1/1 -- 12/31)
Banks	Colonial OP Checking #8043268237 Colonial Reserve #8043268245
Signers	Rick Smith Susanna Vance Anna Marks Cynthia O'Neil Ginger Matlock
Fees	Assessment Annual \$721.05 Return Check Fee \$20 (Agent) Notice of Intent \$50 Lien \$125 Transfer Fee \$75
Management Fee	Fixed Fee \$312 Monthly
Officers	Rick Smith - President Susanna Vance - Treasurer Christopher Shagnea - BOD

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