

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90188 041 \*\*\*\*61.25

**DOCUMENT # N01000007468**

1. Entity Name  
**DUNNS CREEK PLANTATION OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**920 S THIRD ST SUITE B  
NEPTUNE BCH, FL 32266**

Mailing Address  
**920 S THIRD ST SUITE B  
NEPTUNE BCH, FL 32266**

**40082434**



2. Principal Place of Business - No P.O. Box #  
**920 Third Street  
Suite B**

3. Mailing Address  
**920 Third Street  
Suite B**

04022007 Chg-NP CR2E037 (12/06)

City & State  
**Neptune Beach, FL**

City & State  
**Neptune Beach, FL**

4. FEI Number  
**02-0553915**

Applied For  
☐ Not Applicable

Zip  
**32266**

Country  
**U.S.A.**

Zip  
**32266**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WALLACE, L. DENISE  
920 S THIRD ST SUITE B  
NEPTUNE BCH, FL 32266**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**DP  
KNOWLES, MARK A  
3840 CROWN POINT RD SUITE A  
JACKSONVILLE, FL 32257** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
HOLLAND, BEVERLY J  
3840 CROWN POINT RD SUITE A  
JACKSONVILLE, FL 32257** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
HART, CURTIS L  
3840 CROWN POINT RD SUITE A  
JACKSONVILLE, FL 32257** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-4-07 (904) 268-8500**