

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004004

FILED
Sep 14, 2009
Secretary of State

Entity Name: PLANTATION ESTATES AT JULINGTON CREEK PLANTATION OWNERS' ASSOCIATION, INC

Current Principal Place of Business:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

12627 SAN JOSE BLVD
JACKSONVILLE, FL 32223

Current Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

12627 SAN JOSE BLVD
JACKSONVILLE, FL 32223

FEI Number: 01-0570732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAY MGMT. SVCS.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MGMT. SVCS.
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 US

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

09/14/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATOVINA, GREGORY E
Address: 2955 HARTLEY RD., STE. 108
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: HUDSON, SHARON
Address: 2955 HARTLEY RD., STE. 108
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD () Delete
Name: BORSTEIN, DONALD K
Address: 2955 HARTLEY RD., STE. 108
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATOVINA, GREGORY E
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VD (X) Change () Addition
Name: HUDSON, SHARON
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: STD (X) Change () Addition
Name: BORSTEIN, DONALD K
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON HUDSON

Electronic Signature of Signing Officer or Director

VP

09/14/2009

Date