## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90467 045 \*\*\*\*61.25

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200004004

1. Entity Name

## PLANTATION ESTATES AT JULINGTON CREEK PLANTATION OWNERS' ASSOCIATION, INC



Principal Place of Business Mailing Address 2955 HARTLEY RD., STE, 108 P.O. BOX 1987 JACKSONVILLE FL 32257 YULEE FL 32041-1987 2. Principal Place of Business 3. Mailing Address 2215 E STATE ROAD (200 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For YULEE FL Not Applicable 01-0570732 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32097~ TO PROPERTY. 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent POWELL, TERRELL J Street Address (P.O. Box Number is Not Acceptable) 2215 EAST STATE RD. 200 YULEE FL 32041-1987 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **PSD** ☐ Addition ☐ Change TITLE Delete TITLE MATOVINA, GREGORY E NAME NAME 2955 HARTLEY RD., STE. 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition HOWELL, WILLIAM R II NAME NAME 2955 HARTLEY RD., STE. 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP JACKSONVILLE FL 32257 ☐ Change Addition TITLE Delete TITLE BORSTEIN, DONALD K NAME NAME STREET ADDRESS 2955 HARTLEY RD., STE. 108 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ASIGNAMULE REQUIRED

☐ Delete

1/9/03

904/2920118

☐ Change

☐ Addition