


**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

06 AUG -4 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N02000004117</b>			
1. Entity Name <b>THREE RIVER PLANTATIONS PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>4127 NW 27TH LN. SUITE A GAINESVILLE, FL 32606</b>		Mailing Address <b>PO BOX 357845 GAINESVILLE, FL 32635</b>	
2. Principal Place of Business <b>6435 SW 52nd Lane</b>		3. Mailing Address <b>PO Box 1474</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jasper, Florida</b>		City & State <b>Jasper, Florida</b>	
Zip <b>32052</b>	Country <b>USA</b>	Zip <b>32052</b>	Country <b>USA</b>
4. FEI Number <b>04-3683896</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606</b>		7. Name and Address of New Registered Agent Name <b>Beryl E Forman</b> Street Address (P.O. Box Number is Not Acceptable) <b>6435 SW 52nd Lane</b> City <b>Jasper</b> FL Zip Code <b>32052</b>	
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 <i>Beryl E. Forman Secretary/Treas</i> DATE <b>8-1-06</b> <small>Signature, typed outlined name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$81.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, JANET L 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Bailey 5933 SW 52nd Lane Jasper, Florida 32052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jery Maursetter 6202 SW 52nd Lane Jasper, Florida <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Beryl E. Forman 6435 SE 52nd Lane Jasper, Florida 32052 <input checked="" 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 <b>300079523843</b> <b>08/09/06--01034--005 **\$1.25</b>
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
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: <i>Beryl E. Forman Secretary/Treas</i>		Date <b>6-26-06</b> Phone # <b>386-938-5657</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	