

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000003054**

**1. Entity Name**  
**PLANTATION VILLAGE NORTH TOWNHOUSE**  
**ASSOCIATION, INC.**



**Principal Place of Business**  
**6215 WILSON BLVD**  
**JACKSONVILLE, FL 32210**

**Mailing Address**  
**6215 WILSON BLVD**  
**JACKSONVILLE, FL 32210**



04012008 No Chg-NP

CR2E037 (4/06)

**4. FEI Number**  
**54-2170371**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**TOWERS, ELIZABETH F**  
**6215 WILSON BLVD**  
**JACKSONVILLE, FL 32210**

**DO NOT WRITE**  
**IN THIS SPACE**

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

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

U00000941957  
05/28/08-80127-015 61.25

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** WATSON, JAMES D  
**STREET ADDRESS** 6215 WILSON BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32210

**TITLE** D  
**NAME** TOWERS, JOHN B  
**STREET ADDRESS** 6215 WILSON BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32210

**TITLE** D  
**NAME** TOWERS, ELIZABETH F  
**STREET ADDRESS** 6215 WILSON BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32210

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE**  
**IN THIS SPACE**

**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:**

*Elizabeth F. Towers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.08 904.899.0671  
Date Daytime Phone #

Elizabeth F. Towers