

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90150 031 ****61.25

DOCUMENT # N06000007507

1. Entity Name
PINE RIDGE PLANTATION OWNERS ASSOCIATION, INC.



Principal Place of Business
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

Mailing Address
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

40093944



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR 26-2212712

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TROUP, KEVIN L
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

Name
Lewis Levi Ritter IV
Street Address (P.O. Box Number is Not Acceptable)

1914 Art Museum Drive

City
Jacksonville

FL

Zip Code
32207

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 reinstating)

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TROUP, KEVIN L
STREET ADDRESS 1914 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☒ Delete

TITLE PD
NAME Christopher Middleton
STREET ADDRESS 1914 Art Museum Drive
CITY-ST-ZIP Jacksonville - FL - 32207 ☐ Change ☒ Addition

TITLE VTD
NAME RITTER, LEWIS L IV
STREET ADDRESS 1914 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Delete

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

TITLE SD
NAME KEATING, DAVID
STREET ADDRESS 1845 TOWN CENTER BLVD., SUITE 200
CITY-ST-ZIP ORLANGE PARK, FL 32003 ☐ 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
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

Lewis Levi Ritter IV

4/17/08

(904) 399-0134