

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90041 008 \*\*\*\*61.25

<b>DOCUMENT # N07000001165</b>					
<b>1. Entity Name</b> CARRINGTON PLACE AT FLEMING ISLAND PLANTATION CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12740 GRAN BAY PARKWAY SUITE 2400 JACKSONVILLE, FL 32258			<b>Mailing Address</b> 12740 GRAN BAY PARKWAY SUITE 2400 JACKSONVILLE, FL 32258		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 475 W TOWN PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 100			
City & State		City & State SAINT AUGUSTINE, FL			
Zip	Country	Zip 32092	Country	<b>4. FEI Number</b> 20-8367662	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RILEY, JAMES F 12740 GRAN BAY PARKWAY SUITE 2400 JACKSONVILLE, FL 32258			<b>7. Name and Address of New Registered Agent</b> Name <b>SEVERN TRENT SERVICES, INC</b> Street Address (P.O. Box Number is Not Acceptable) 475 W TOWN PLACE, SUITE 100 City <b>SAINT AUGUSTINE</b> <b>FL</b> Zip Code <b>32092</b>		
<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.</b>  SIGNATURE <u>Sheli Moran as agent</u> <b>SHELI MORAN</b> <span style="float: right;">3/3/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> WICKER, SARAH 12740 GRAN BAY PARKWAY #2400 JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> SARAH WICKER 12740 GRAN BAY PARKWAY, #2400 JAX, FL 32258
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> OPENSHAW, MARK 12740 GRAN BAY PARKWAY #2400 JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> ANDY BURTON 12740 GRAN BAY PARKWAY #2400 JAX, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> TAYLOR, JASON 12740 GRAN BAY PARKWAY #2400 JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> Ging Polseno 12740 Gran Bay Parkway, Ste 2400 Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> Ging Polseno 12740 Gran Bay Parkway, Ste 2400 Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> Ging Polseno 12740 Gran Bay Parkway, Ste 2400 Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Andrew Burton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/11/08 904-219-3243 <small>Date Daytime Phone #</small>	