

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001165

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** CARRINGTON PLACE AT FLEMING ISLAND PLANTATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 MARSHVIEW DRIVE  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

475 W. TOWN PLACE  
STE 200  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 90-0370401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEVERN TRENT SERVICES, INC  
475 W. TOWN PLACE, STE. 200  
SAINT AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: EDWARDS, KATHY  
Address: 475 WEST TOWN PLACE SUITE 200  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: STD  
Name: MEADOWS, JENNIFER  
Address: 475 WEST TOWN PLACE SUITE 200  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: PD  
Name: ROSENTHAL, MARIE  
Address: 475 WEST TOWN PLACE SUITE 200  
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MEADOWS

STD

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date