

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90022 010 \*\*\*\*61.25

<b>DOCUMENT # N13947</b> 1. Entity Name <b>FLORENCE POINT OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 6162 FERNANDINA BEACH, FL 32034 US			Mailing Address P.O. BOX 6162 FERNANDINA BCH, FL 32035 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2895055</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MORRIS, CLYDE C</b> <b>5389 FLORENCE POINT DRIVE</b> <b>FERNANDINA BEACH, FL 32034</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCMANES, JANET</b>		NAME	<b>LEWIS HARVEY</b>	
STREET ADDRESS	<b>5383 FLORENCE POINT DRIVE</b>		STREET ADDRESS	<b>5340 GREAT OAK COURT</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>		CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, CLYDE</b>		NAME		
STREET ADDRESS	<b>5389 FLORENCE POINT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM, FOSTER</b>		NAME	<b>WILLIAM FOSTER</b>	
STREET ADDRESS	<b>5359 FLORUNCE PT DR</b>		STREET ADDRESS	<b>5359 FLORENCE PT. DR</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>		CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCE, ELLEN</b>		NAME		
STREET ADDRESS	<b>5425 FLORENCE POINT DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, BOB</b>		NAME	<b>FLANDERS, DONALD</b>	
STREET ADDRESS	<b>5333 FLORENCE POINT DR</b>		STREET ADDRESS	<b>1325 HICKORY NUT COURT</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND, FL 32034</b>		CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARSONS, JOSEPH</b>		NAME	<b>PARSONS, JOSEPH</b>	
STREET ADDRESS	<b>1328 HICKORY NUT COURT</b>		STREET ADDRESS	<b>1328 HICKORY NUT COURT</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND, FL 32034</b>		CITY-ST-ZIP	<b>AMELIA ISLAND, FL 32034</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>SIGNATURE:</b>			1/25/05 (904) 261-0097		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		