


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 017 ****61.25

DOCUMENT # N13947 1. Entity Name FLORENCE POINT OWNERS ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2895055	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, CLYDE C 5389 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Robin G. St. Peter Street Address (P.O. Box Number is Not Acceptable) 5443 Florence Pt. Dr. City Fernandina Beach FL Zip Code 32034		
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 <i>Robin G. St. Peter</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		SIGNATURE <i>Robin G. St. Peter</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 2-6-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	S HARVEY, LEWIS 5340 GREAT OAK COURT FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Harvey Lewis 5340 Great Oak Court Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORRIS, CLYDE 5389 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Robin G. St. Peter 5443 Florence Pt. Dr. Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCELWAIB, JUDY 5358 FLORENCE POINT DR FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Judy McElwain 5358 Florence Pt. Dr. Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPENCE, ELLEN 5425 FLORENCE POINT DR FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ray McQueen 5438 Marshview Lane Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLANDERS, DONALD 1325 HICKORY NUT COURT FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Peter Johnson 5425 Florence Pt. Dr. Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDRIX, MICHAEL 5337 FLORENCE POINT DR AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mary Pellegrini 5367 Florence Pt. Dr. Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <i>Robin G. St. Peter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2-6-07		DAYTIME PHONE # 904-261-0995