FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:20

DOCUMENT # N35063 (9)

1. Corporation Name

PLANTATION POINT COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8332 FERNANDINA BEACH FL 32035-8332	P.O. BOX 8332 FERNANDINA BEACH FL 32035-8332

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1989
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2930390 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOWERS, L.R.
2051 ART MUSEUM DRIVE
SUITE 130
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TOWERS, L.R.	1.2 NAME	
STREET ADDRESS	2051 ART MUSEUM DR, #130	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, A.J.	2.2 NAME	
STREET ADDRESS	2051 ART MUSEUM DR, #130	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	~~P~~	3.1 TITLE	P ☒ Change ☐ Addition
NAME	~~WALTERS, DON~~	3.2 NAME	WIRT EPLING
STREET ADDRESS	~~1388 PLANTATION POINT DR.~~	3.3 STREET ADDRESS	1388 PLANTATION PT. DR.
CITY-ST-ZIP	~~FERNANDINA BEACH FL 32034~~	3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, THOMAS W.	4.2 NAME	
STREET ADDRESS	1264 HARRISON POINT TR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-14-95 904-277-2228
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
THOMAS W. WRIGHT, TREAS

0021000