FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 11/06/1989
3a. Date of Last Report: 01/20/1995

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

4. FEI Number: 59-2930390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: R. LANIER JONES
82 Street Address (P.O. Box Number is Not Acceptable): 1244 HARRISON POINT TRAIL
83
84 City: FERNANDINA BEACH FL 85 Zip Code: 32034

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: R Lanier Jones — 1/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when real state ag) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☒ DELETE	3.1 TITLE	P ☒ Change ☐ Addition
NAME	EPLING, WIRT		3.2 NAME	GARY HASLIP
STREET ADDRESS	1388 PLANTATION PT DR.		3.3 STREET ADDRESS	1261 HARRISON POINT TRAIL
CITY-ST-ZIP	FERNANDINA BEACH FL		3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL, 32034
TITLE	T	☒ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	WRIGHT, THOMAS W.		4.2 NAME	R. LANIER JONES
STREET ADDRESS	1264 HARRISON POINT TR.		4.3 STREET ADDRESS	1244 HARRISON POINT TRAIL
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL, 32034
TITLE		☐ DELETE	5.1 TITLE	S ☐ Change ☒ Addition
NAME			5.2 NAME	KATHRYNANN MANKOVICH
STREET ADDRESS			5.3 STREET ADDRESS	1397 PLANTATION POINT DRIVE
CITY-ST-ZIP			5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL, 32034
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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)(k), 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: R Lanier Jones (R. LANIER JONES) — 1/31/96 — 261-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER