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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35063**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/06/1989

4. FEI Number
26-3050882
☐ Applied For
☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

JONES, R LANIER
1244 HARRISON POINT TRAIL
FERNANDINA BEACH FL 32034

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	WALTERS, DONALD		1.2 NAME	Blinson, Robert	
STREET ADDRESS	1368 PLANTATION POINT DRIVE		1.3 STREET ADDRESS	1365 Harrison Point Trail	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP	Fernandina Bch, Fl. 32034	
TITLE	S	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	ZAJEC, TED		2.2 NAME	Zajac, Ted	
STREET ADDRESS	1373 PLANTATION POINT DR		2.3 STREET ADDRESS	1373 Plantation Pt Dr.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		2.4 CITY-ST-ZIP	Fernandina Bch, Fl. 32034	
TITLE	P	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HASLIP, GARY		3.2 NAME		
STREET ADDRESS	1261 HARRISON POINT TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	JONES, R LANIER		4. 2 NAME		
STREET ADDRESS	1244 HARRISON POINT TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DOUG		5.2 NAME		
STREET ADDRESS	1385 HARRISON POINT TR		5.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GREEN, ROBERT		6.2 NAME	Pureyear, Robert	
STREET ADDRESS	1351 MISSION SAN CARLOS DRIVE		6.3 STREET ADDRESS	1349 Harrison Point Trail	
CITY-ST-ZIP	FERNANDINA BEACH FL		6.4 CITY-ST-ZIP	Fernandina Beach, Fl 32034	

14. 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 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, with all other like empowered.

SIGNATURE: Ted Zajac SIGNATURE REQUIRED 3/26/99 904-549-5635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)