2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35063

FILED Mar 10, 2003 8:00 am Secretary of State

PLANTATION ROINT COMMUNITY ASSOCIATION, INC.						03-10-2003 90154 047 ****61.25			
Principal Place of Business P.O. BOX 8332 FERNANDINA BEACH FL 32035-8332		Mailing Address P.O. BOX 8332 FERNANDINA BEACH FL 32035-8332					D) Blan 68//68//68 /// 6/8/	:	IKI BIBN 1881
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				HECK HERE IF MAK	(ING CHANGES		
City & State		City & State			4. FEI Number 26-3050882				
Zip	Country Zip		Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		•	- i	7. Name and Addr	ess of New Register	<u> </u>	-
				Name	-		<u> </u>		
DUVALL, PAUL F 1395 MISSION SAN CARLOS DR				Street A	Street Address (P.O. Box Number is Not Acceptable)				
F	DINA BEACH FL 32034					HARRISON	POINT	TRAIL	
O The election	d .			City F2	E SE . N. J		each I	FL Zip Cod	34
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registere	ed office o	r registe	ered agent, or both, in t	he State of Florida. I	am familiar with,	and accept
SIGNATURE	Sue B Cu	shuan					3/5	·/o3	
•	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signa	ture require	ed when reinstating)) DA	ŧ	
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con				_		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIR	ECTORS	11.		<u>. i</u>	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	I 10
TITLE NAME STREET ADDRESS	P BLINSON, ROBERT 1365 HARRISON POINT TRAIL	☐ Delete	TITLE NAME STREE					Change	☐ Addition
CITY-ST-ZIP	FERNANDINA FL: 32034		CITY-	ST-ZIP				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUVALL, PAUL 1395 MISSION SAN CARLOS DR FERNANDINA BEACH FL 32034	Delete .			T Cuia Fa	SHMAN, 5 52 HARRIS RNANDINA	UZ SON POINT BEACH	Change TRAIL FL 32	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haslip, Gary 1261 Harrison Point Trail Fernandina Beach Fl	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, FELICIA 1351 MISSION SAN CARLOS DR FERNANDINA BEACH FL 32034	□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLERT, JOHN 1228 HARRISON POINT TR FERNANDINA BEACH FL 32034	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CHARLES 1389 HARRISON POINT TRL FERNANDINA BEACH FL 32034	☐ Delete	CITY-	T ADDRESS ST-ZIP				☐ Change	Addition
i hereby o	certify that the information supplied with t	his filing does not qualify for t	he even	notion etai	2 ni hat	ection 119 07(3\/i) Flor	do Statutos I furthor	cortify that the in	formation

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:

904-491-0647

Affachment PAGE 2 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N35063** PLANTATION POINT COMMUNITY ASSOCIATION, INC. 90046403 rincipal Place of Business Mailing Address O. BOX 8332 P.O. BOX 8332 ERNANDINA BEACH FL 32035-8332 FERNANDINA BEACH FL 32035-8332 . Principal Place of Business 3. Mailing Address Suite, Apt.!#, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 26-3050882 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUVALL, PAUL F Street Address (P.O. Box Number is Not Acceptable) 1395 MISSION SAN CARLOS DR FERNANDINA BEACH FL 32034 Zip Code 3. 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change **X** Addition **BLINSON, ROBERT** VAME GAGNE, THOMAS NAME 1395 HARRISON POINT TRAIL 1365 HARRISON POINT TRAIL STREET ADDRESS STREET ADDRESS DITY-ST-ZIP Fernandina FL 32034 CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE Delete TITLE ☐ Addition ĎUVALL. PAUL NAME NAME 1395 MISSION SAN CARLOS DR STREET ADDRESS STREET ADDRESS FERNÀNDINA BEACH FL 32034 CITY - ST - ZUP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HASLIP, GARY NAME NÃME 🖰 1261 HARRISON POINT TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Fernandina Beàgh Fl CITY-ST-ZIP TITLE Delete Change Addition RODRIGUEZ, FELICIA NAME 1351 MISSION SAN CARLÒS, DR STREET ADDRESS STREET ADDRESS FERNANDINA BÉACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition ENGLERT/JOHN NAME NAME 1228 HARRISON POINT TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERMÁNDINA BEACH FL 32034 CITY-ST-ZIP TITLE TITLE ☐ Change Addition JOHNSON, CHARLES NAME NAME STREET ADDRESS 1389 HARRISON POINT TRL STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP 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.

10.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO