

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001384**

1. Entity Name  
**PLANTATION OAKS HOMEOWNERS' ASSOCIATION OF  
DUVAL COUNTY, INC.**



Principal Place of Business  
**PLANTATION OAKS SUBDIVISION  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**P.O. BOX 50831  
JACKSONVILLE BEACH, FL 32240 US**



03142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3302447**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STUCK, ANN TREASUR  
PO BOX 50831  
JACKSONVILLE BEACH, FL 32240**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MOWBRAY, ALAN
STREET ADDRESS	1386 ASHLEY OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	SMITH, CHRIS
STREET ADDRESS	1320 PLANTATION OAKS DR N
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	STUCK, ANN
STREET ADDRESS	1098 PLANTATION OAKS DRIVE W.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	CHEANEY, BOB
STREET ADDRESS	1379 PLANTATION OAKS DRIVE N
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	RUBIN, JEFF
STREET ADDRESS	1084 PLANTATION OAKS DR W
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000268547  
03/18/05-80047-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1405

904-247-6421