2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001384

FILED Feb 08, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: PLANTATION OAKS SUBDIVISION JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** P.O. BOX 50831 JACKSONVILLE BEACH, FL 32240 US FEI Number: 59-3302447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STUCK, ANN TREASUR CHEANEY, ROBERT TREASUR PO BOX 50831 PO BOX 50831 JACKSONVILLE BEACH, FL 32240 08 JACKSONVILLE BEACH, FL 32240 US 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. SIGNATURE: ROBERT CHEANEY 02/08/2006 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition MOWBRAY, ALAN Name: Name: 1386 ASHLEY OAKS DRIVE Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: Title: () Delete () Change () Addition SMITH, CHRIS Name: Name: Address: 1320 PLANTATION OAKS DR N Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: () Delete Title: (X) Change () Addition STUCK, ANN PARKER, TERRY Name: Name: 1098 PLANTATION OAKS DRIVE W. Address: Address: 1367 PLANTATION OAKS DRIVE N. City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 (X) Change () Addition Title: () Delete Title: D CHEANEY, BOB Name: Name: CHEANEY, ROBERT 1379 PLANTATION OAKS DRIVE N 1379 PLANTATION OAKS DRIVE N Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 Title: () Delete Title: () Change () Addition RUBIN, JEFF Name: Name: 1084 PLANTATION OAKS DR W Address: Address: JACKSONVILLE BEACH, FL 32250 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CHEANEY D 02/08/2006