2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# N94000001384

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

Current Principal Place of Business:

PLANTATION OAKS SUBDIVISION
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50831
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 59-3302447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEANEY, ROBERT TREASUR
PO BOX 50831
JACKSONVILLE BEACH, FL 32240 US

Name and Address of New Registered Agent:

CHEANEY, ROBERT TREASUR
1379 PLANTATION OAKS DR. N.
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: 02/13/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOWBRAY, ALAN
Address: 1386 ASHLEY OAKS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: SMITH, CHRIS
Address: 1320 PLANTATION OAKS DR N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: PARKER, TERRY
Address: 1367 PLANTATION OAKS DRIVE N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: CHEANEY, ROBERT
Address: 1379 PLANTATION OAKS DRIVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: RUBIN, JEFF
Address: 1084 PLANTATION OAKS DR W
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 TRES 02/13/2007
Electronic Signature of Signing Officer or Director — Date