DOCUMENT # N98000004097

1. Entity Name

FLEMING ISLAND PLANTATION OWNERS ASSOCIATION, IN

FILED
Sep 11, 2000 8:00 am
Secretary of State
09-11-2000 90075 009 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DRIVE, SOUTH SUITE 400 JACKSONVILLE FL 32216	6620 SOUTHPOINT DRIVE, SOUTH SUITE 400 JACKSONVILLE FL 32216

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, ROBERT
6620 SOUTHPOINT DRIVE, SOUTH
SUITE 400
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE Clinton F. Smith 9/05/00

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BISHOP, DAVE 6620 SOUTHPOINT DR S STE 400 JACKSONVILLE FL 32216	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Clinton F. Smith 6620 SouthPoint Dr. S. STE 400 Jacksonville Fl - 32216	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, DOUG 6620 SOUTHPOINT DR S STE 400 JACKSONVILLE FL 32216	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Todd O White 6620 South Point Dr. S. Ste 400 Jacksonville Fl 32216	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PAULSEN, CANDICE 6620 SOUTHPOINT DR S STE 400 JACKSONVILLE FL 32216	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Angela Gould 6620 SouthPoint Dr. S. Ste. 400 Jacksonville Fl. 32216	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (5/00)

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: Clinton F. Smith 9/05/00 904 332-5267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Clinton F. Smith