## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90208 033 \*\*\*\*61.25

ANNUAL REPORT	
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NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # N98000004097 FLEMING ISLAND PLANTATION OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 60030942 6620 SOUTHPOINT DRIVE, SOUTH 6620 SOUTHPOINT DRIVE, SOUTH SUITE 400 SUITE 400 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address 475 WEST TOWN PLACE Suite, Apt. #, etc. Suite Apt # etc. 04052006 CR2E037 (11/05) Chg-NP <u>57E.</u>/00 City & State 4. FEI Number 65-0994165 City & State Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32092 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEVERN TrENT SERVICES, INC SEVERN TRENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) C/O STEPHEN E TYAS 475 W TOWN PLACE, STE 100 SAINT AUGUSTINE, FL 32092 Zip Code 32092 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25  $\Box$ Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCCRANIE, LINDSEY NAME NAME 6620 SOUTH POINT DR S, STE 400 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32216 CITY-ST-7IP CITY-ST-ZIP TITLE STO ☐ Delete TITLE SECRETHRY ☐ Addition WICKER, SARAH NAME NAME STREET ADDRESS 6620 SOUTH POINT DR S STE 400 STREET ADDRESS JACKSONVILLE, FL 32216 CITY-ST-ZIP CITY-ST-ZIP D Addition TITLE Delete TITLE ☐ Change ANTHONY STAFFIERI 2425 PINEHUIST LANE NAME RYAN, JAMES J JR NAME 1827 CHATHAM VILLAGE DR. STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 CITY-ST-ZIP CITY-ST-ZIP Trensuror TITLE **⁺** Change TITLE Delete ☐ Addition BOYD, LISA NAME NAME STREET ADDRESS 6620 S POINT DR STE 40C STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-7IP Addition VD **X** Delete TITLE TITLE JAYNE WALDRIDGE . 1660 A VINELAND CIRCLE MCGOUGH, JOE NAME 1472 GREENWAY PLACE STREET ADDRESS STREET ADDRESS ORANGE PARK, FLOTIDA 32003 CITY-ST-ZIP ORANGE PARK, FL 32003 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: WISCHATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A MECKANIE, DIRECTOR 4 2106

ATTACHMENT

Date

Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N98000004097 1. Entity Name FLEMING ISLAND PLANTATION OWNERS ASSOCIATION, INC. ascription: Principal Place of Business Mailing Address 6620 SOUTHPOINT DRIVE, SOUTH 6620 SOUTHPOINT DRIVE, SOUTH SUITE 400 SUITE 400 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 3. Mailing Address 2. Principal Place of Business 475 WEST TOWN PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-NP CR2E037 (11/05) TE. 100 4. FEI Number City & State City & State Applied For 65-0994165 Aubustine Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 32092 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEVERN TrENT SERVICES, INC SEVERN TRENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) C/O STEPHEN E TYAS 475 W TOWN PLACE, STE 100 SAINT AUGUSTINE, FL 32092 475 W. TOWN PLACE SUITE 100 32092 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 tale if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 🦸 Make check payable to: Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete Change ☐ Addition MCCRANIE, LINDSEY NAME NAME 6620 SOUTH POINT DR S. STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP STO SECRETHEY **☆** Change Delete TITLE Addition MILE WICKER, SARAH NAME NAME STREET ADDRESS 6620 SOUTH POINT DR \$ STE 400 STREET ADDRESS JACKSONVILLE, FL 32216 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE ☐ Change ANTHONY STAFFIERI 2425 PINEHUIST LANE NAME RYAN, JAMES J JR NAME 1827 CHATHAM VILLAGE DR. STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32003 CITY-ST-ZIP ORANGE PARK, FL 32003 CITY-ST-ZIP Trensurer ☐ Delete TITLE S4. Change ☐ Addition TITLE NAME BOYD, LISA NAME 6620 S POINT DR STE 40C STREET ADDRESS STREET ADDRESS CHY-S1-ZIP JACKSONVILLE, FL 32216 CITY-ST-7IP TITLE Delete TITLE Addition JAYNE WALDRIDGE MCGOUGH, JOE NAME 1660 A VINELAND CIRCLE STREET ADDRESS 1472 GREENWAY PLACE STREET ADDRESS CITY - ST - ZIP ORANGE PARK, FL 32003 CITY-ST-ZIP ORANGE PARK, FLOTIDA 32003 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y - S1 - ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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