


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N98000004097		
1. Entity Name FLEMING ISLAND PLANTATION OWNERS ASSOCIATION, INC.		

Principal Place of Business 6620 SOUTHPOINT DRIVE, SOUTH SUITE 400 JACKSONVILLE, FL 32216	Mailing Address 6620 SOUTHPOINT DRIVE, SOUTH SUITE 400 JACKSONVILLE, FL 32216
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60030942



2. Principal Place of Business		3. Mailing Address 475 WEST TOWN PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE. 100	
City & State		City & State ST. AUGUSTINE, FL	
Zip	Country	Zip	Country
32092		32092	U.S.A.

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0994165

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEVERN TRENT SERVICES, INC C/O STEPHEN E TYAS 475 W TOWN PLACE, STE 100 SAINT AUGUSTINE, FL 32092		Name SEVERN TRENT SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) C/O 475 W. TOWN PLACE, SUITE 100 City ST. AUGUSTINE FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRANIE, LINDSEY 6620 SOUTH POINT DR S, STE 400 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WICKER, SARAH 6620 SOUTH POINT DR S STE 400 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, JAMES J JR 1827 CHATHAM VILLAGE DR. ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTHONY STAFFIERI 2425 PINEHURST LANE ORANGE PARK, FL 32003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, LISA 6620 S POINT DR STE 40C JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGOUGH, JOE 1472 GREENWAY PLACE ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAYNE WALDRIDGE 1660 A VINELAND CIRCLE ORANGE PARK, FLORIDA 32003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lindsey A McCranie LINDSEY A MCCRANIE, DIRECTOR 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-296-4551

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

FIP 001


DATE: 4/12/06

6235 61.25

ENTERED
4-13-06

Subscription: Annual Corporate Report

#60030942

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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #