

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 028 ****61.25

DOCUMENT # N98000004097 1. Entity Name FLEMING ISLAND PLANTATION OWNERS ASSOCIATION, INC.					
Principal Place of Business 6620 SOUTHPPOINT DRIVE, SOUTH SUITE 400 JACKSONVILLE, FL 32216			Mailing Address 475 WEST TOWN PLACE SUITE 100 SAINT AUGUSTINE, FL 32092		
2. Principal Place of Business - No P.O. Box # 12740 Gran Bay Pkwy Suite/Apt. #, etc. 2400		3. Mailing Address Suite, Apt. #, etc. City & State Jacksonville Florida Zip 32258			
City & State Jacksonville Florida		City & State Zip 32258		Country USA	
4. FEI Number 65-0994165		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEVERN TRENT SERVICES, INC C/O 475 W TOWN PLACE, STE 100 SAINT AUGUSTINE, FL 32092			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sheli Moran as agent for Fleming Island</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME MCCRANIE, LINDSEY STREET ADDRESS 6620 SOUTH POINT DR S, STE 400 CITY-ST-ZIP JACKSONVILLE, FL 32216	☒ Delete		TITLE President NAME Mark Openshaw STREET ADDRESS 12740 Gran Bay Parkway Suite 2400 CITY-ST-ZIP Jacksonville FL 32258	☒ Change ☐ Addition	
TITLE S NAME WICKER, SARAH STREET ADDRESS 12740 Gran Bay Parkway Suite CITY-ST-ZIP JACKSONVILLE, FL 32258	☐ Delete		TITLE Vice President NAME Shawn Gihl STREET ADDRESS 2316 Crooked Pine Lane CITY-ST-ZIP Orange Park, FL 32003	☒ Change ☐ Addition	
TITLE P NAME STAFFIERI, ANTHONY STREET ADDRESS 2425 PINE HURST LN CITY-ST-ZIP ORANGE PARK, FL 32003	☒ Delete		TITLE Director NAME Suraj P. Saluja STREET ADDRESS 2551 Willow Creek Dr. CITY-ST-ZIP Orange Park, FL 32003	☒ Change ☐ Addition	
TITLE T NAME BOYD, LISA STREET ADDRESS 12740 Gran Bay Pkwy, Suite 2400 CITY-ST-ZIP JACKSONVILLE, FL : 32258	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE VP NAME WALDRIDGE, JAYNE STREET ADDRESS 1660 A VINELAND CIR CITY-ST-ZIP ORANGE PARK, FL 32003	☒ 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	
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: <u><i>Sarah Wicker</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/10/07</u> Daytime Phone #		

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