
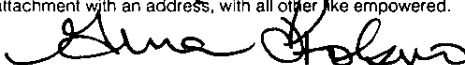


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90414 024 ****61.25

DOCUMENT # N98000004097 1. Entity Name FLEMING ISLAND PLANTATION OWNERS ASSOCIATION, INC.					
Principal Place of Business 12740 GRAN BAY PKWY SUITE 2400 JACKSONVILLE, FL 32258			Mailing Address 475 WEST TOWN PLACE SUITE 100 SAINT AUGUSTINE, FL 32092		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0994165	
5. Certificate of Status Desired <input type="checkbox"/>				\$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		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OPENSHAW, MARK 12740 GRAN BAY PKWY, SUITE 2400 JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINA POLSEN 12740 GRAN BAY PKWY, SUITE 2400 JAX, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WICKER, SARAH 12740 GRAN BAY PARKWAY SUITE 2400 JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARAH WICKER 12740 GRAN BAY PKWY, SUITE 2400 JAX, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIHL, SHAWN 2316 CROOKED PINE LANE ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Bradley Wilson 2103 Heritage Oaks Ct. Orange Park, FL 32003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYD, LISA 12740 GRAN BAY PKWY, SUITE 2400 JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosemarie Colon Miles 2375 Crooked Pine Lane Orange Park, FL 32003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVJA, SURAJ P 2551 WILLOW CREEK DR. ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AND T Jason Peery 12740 Gran Bay Parkway, Suite 2400 Jacksonville, FL 32258	
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: 			3/11/08		9049406044
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>