

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736846

Entity Name: HOMEOWNERS' ASSOCIATION OF PLUMMERS COVE, INC.**Current Principal Place of Business:**7235 BONNEVAL ROAD SUITE 400
JACKSONVILLE, FL 32256**Current Mailing Address:**7235 BONNEVAL ROAD SUITE 400
JACKSONVILLE, FL 32256 US**FEI Number:** 59-3060294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELITE REAL ESTATE AND MANAGEMENT INC.
7235 BONNEVAL ROAD SUITE 400
JACKSONVILLE, FL 32256 US*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:** DANIEL A GURZI

01/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREA
Name BUSSEY, LANE
Address 7235 BONNEVAL ROAD SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name SCHOEPEL, PAM
Address 7235 BONNEVAL ROAD SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name SCHIRKOFKY, PAM
Address 7235 BONNEVAL ROAD SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name CIAMBELLA, BART
Address 7235 BONNEVAL ROAD SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name FROST, MISTY
Address 7235 BONNEVAL ROAD SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAM SCHIRKOFKY

PRESIDENT

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date