

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001354

FILED
Apr 07, 2024
Secretary of State
5072911883CC

Entity Name: RIVER OAKS PLANTATION HOMEOWNERS' ASSOCIATION OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

10365 HOOD RD. S.,
UNIT 205
JACKSONVILLE, FL 32224

Current Mailing Address:

C/O FPM COMMUNITIES 10365 HOOD ROAD S.
JACKSONVILLE, FL 32224 US

FEI Number: 59-3126016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FPM COMMUNITIES
10365 HOOD RD S
UNIT 205
JACKSONVILLE, FL 32257 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BLISS, ADAM
Address 10365 HOOD RD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY
Name BLEDSOE, DAVID
Address 10365 HOOD RD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name ALFANO, JAYME
Address 10365 HOOD RD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

Title PRESIDENT
Name PEARSON, DEAN
Address 10365 HOOD RD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name MELLONE, CINDY
Address 10365 HOOD RD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name PLUNKETT, WILLIAM
Address 10365 HOOD ROAD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name MCCORMICK, WILLIAM
Address 10365 HOOD ROAD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

Title TREASURER
Name OSWALD, MELISSA
Address 10365 HOOD RD SOUTH
UNIT 205
City-State-Zip: JACKSONVILLE FL 32257

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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: DEAN PEARSON

PRESIDENT

04/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RASOR, GREG
Address 10365 HOOD RD. S.,
 UNIT 205
City-State-Zip: JACKSONVILLE FL 32224