## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001354

Entity Name: RIVER OAKS PLANTATION HOMEOWNERS' ASSOCIATION OF

ST. JOHNS COUNTY, INC.

**FILED** Jan 28, 2023 Secretary of State 3134948170CC

# **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 **LINIT 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

**UNIT 205** 

Title DIRECTOR Title SECRETARY BLISS, ADAM BLEDSOE, DAVID Name Name

Address 10365 HOOD RD SOUTH Address 10365 HOOD RD SOUTH

> **UNIT 205 UNIT 205**

JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip:

Title **DIRECTOR** Title **PRESIDENT** PEARSON, DEAN Name ALFANO, JAYME Name

10365 HOOD RD SOUTH 10365 HOOD RD SOUTH Address Address

> **UNIT 205 UNIT 205**

JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 City-State-Zip: City-State-Zip:

Title VΡ Title **DIRECTOR** 

MELLONE, CINDY PLUNKETT, WILLIAM Name Name

Address 10365 HOOD RD SOUTH Address 10365 HOOD ROAD SOUTH

> **UNIT 205 UNIT 205**

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR Title **TREASURER** 

MCCORMICK, WILLIAM OSWALD, MELISSA Name Name

10365 HOOD ROAD SOUTH 10365 HOOD RD SOUTH Address Address

**UNIT 205** 

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257

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.

01/28/2023 SIGNATURE: PEARSON DEAN **PRESIDENT**