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

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

Current Mailing Address:

DOCUMENT# N94000001354

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

FEI Number: 59-3126016

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

Officer/Director Detail :

Oncer/Director Detail :				
	Title	DIRECTOR	Title	SECRETARY
	Name	BLISS, ADAM	Name	BLEDSOE, DAVID
	Address	10365 HOOD RD SOUTH UNIT 205	Address	10365 HOOD RD SOUTH UNIT 205
	City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257
	Title	DIRECTOR	Title	PRESIDENT
	Name	ALFANO, JAYME	Name	PEARSON, DEAN
	Address	10365 HOOD RD SOUTH UNIT 205	Address	10365 HOOD RD SOUTH UNIT 205
	City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257
	Title	VP	Title	DIRECTOR
	Name	MELLONE, CINDY	Name	PLUNKETT, WILLIAM
	Address	10365 HOOD RD SOUTH UNIT 205	Address	10365 HOOD ROAD SOUTH UNIT 205
	City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257
	Title	DIRECTOR	Title	TREASURER
	Name	MCCORMICK, WILLIAM	Name	OSWALD, MELISSA
	Address	10365 HOOD ROAD SOUTH UNIT 205	Address	10365 HOOD RD SOUTH 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.

SIGNATURE: PEARSON DEAN PRESIDENT 01/28/2023 Electronic Signature of Signing Officer/Director Detail Date

FILED Jan 28, 2023 Secretary of State 3134948170CC

Certificate of Status Desired: No

Date