

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768732

FILED
Apr 19, 2004
Secretary of State**Entity Name:** PLANTATION PLACE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503 US**New Principal Place of Business:****Current Mailing Address:**4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503 US**New Mailing Address:****FEI Number:** 59-2454478 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHALK, WESLEY
4400 BOYOU BLVD SUITE 35`
PENSACOLA, FL 32503 US**Name and Address of New Registered Agent:**CHALK, WESLEY
4400 BAYOU BLVD SUITE 35`
PENSACOLA, FL 32503 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: WESLEY CHALK

04/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LONG, RICHARD
Address: 715 PLANTATION ROAD #3021
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: MARRETTA, MAXINE
Address: 3508 TIBET DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: S () Delete
Name: BRUDJAR, CHRISTINA
Address: 7150 PLANTATION ROAD #427
City-St-Zip: PENSACOLA, FL 32504

Title: P (X) Delete
Name: ROWE, LORRAINE
Address: 7823 BAY MEADOWS DR
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: HUGGINS, BRENDA
Address: 7150 PLANTATION RD, UNIT 223
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Delete
Name: DEAN, CINDY
Address: 7150 PLANTATION ROAD #323
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROWE, LORRAINE
Address: 7823 BAY MEADOWS DR
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: HUGGINS, BRENDA
Address: 7150 PLANTATION PLACE #223
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Change () Addition
Name: MITCHELL, AEIKO
Address: 7150 PLANTATION ROAD #112
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORRIANE ROWE

D

04/19/2004

Electronic Signature of Signing Officer or Director

Date