

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768732

FILED
Apr 29, 2009
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:

LONGWELL, TINA
4400 BAYOU BLVD SUITE 35`
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOLAND, BRUCE
Address: 7150 PLANTATION RD #425
City-St-Zip: PENSACOLA, FL 3250

Title: DT () Delete
Name: HUGGINS, BRENDA
Address: 7150 PLANTATION PLACE #223
City-St-Zip: PENSACOLA, FL 32504

Title: DS () Delete
Name: PENDERGRASS, SUZANNE
Address: 7150 PLANTATION ROAD #426
City-St-Zip: PENSACOLA, FL 32504

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: DEIDRICK, MAUREEN
Address: 7150 PLANTATION PLACE #422
City-St-Zip: PENSACOLA, FL 32504

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 exemption stated in Chapter 119, 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: BRUCE BOLAND

DP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date