## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003794

FILED Apr 20, 2004 Secretary of State

Entity Name: PLANTATION PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
3974 TAM	IPA ROAD				
D OLDSMAF	R, FL 34677	US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX OLDSMAF	2157 R, FL 34677	US			
FEI Number	: 59-3717601	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
В	, JACK B IPA ROAD R, FL 34677	US			
	e named entity e of Florida.	$ au$ submits this statement for the $\mu$	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Ager			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	LINTON, CRA	AND BLVD STE 301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST ( JOHNSON, M 255 PINE AVE OLDSMAR, F	ENUE NORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BERG, JOSE	D BLVD STE 301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: CRAIG LINTON DP 04/20/2004