

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003794

FILED  
Feb 11, 2010  
Secretary of State

Entity Name: PLANTATION PALMS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

720 BROOKER CREEK BLVD  
#206  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

## Current Mailing Address:

720 BROOKER CREEK BLVD  
#206  
OLDSMAR, FL 34677 US

## New Mailing Address:

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, 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:

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD  
#206  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 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:

02/11/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: CORRIVEAU, MICHELLE  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: VD  
Name: SCHWARZ, DAVID  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: TD  
Name: FUCHECK, PAUL  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: SD  
Name: RANDAZZO, VITO  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: DOOHEN, TERENCE  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: FURTEK, ROBERT  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

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: MICHELLE CORRIVEAU

PD

02/11/2010

Electronic Signature of Signing Officer or Director

Date