

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003794

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** PLANTATION PALMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**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  
SUITE 206  
OLDSMAR, FL 34677 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: PD  
Name: LAVIGNE, GARY  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

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

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

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

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

Title: D  
Name: GUNSTEENS, DAVID  
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: GARY LAVIGNE

PD

03/01/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date