


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90153 041 ****61.25

DOCUMENT # N00000003794

1. Entity Name
PLANTATION PALMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**3974 TAMPA ROAD
B
OLDSMAR FL 34677
US**

**P.O. BOX 2157
OLDSMAR FL 34677
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3717601** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HANSON, JACK B
3974 TAMPA ROAD
B
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **LINTON, CRAIG JR**
STREET ADDRESS **660 BEACHLAND BLVD STE 301**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **DP** Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **BEASMEN, JERRY**
STREET ADDRESS **660 BEACHLAND BLVD STE 301**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **DVP** Change Addition
NAME **Joseph Berg**
STREET ADDRESS **660 Beachland Blvd Ste. 301**
CITY-ST-ZIP **VERO Beach, FL 32963**

TITLE **D** Delete
NAME **JOHNSON, MARK**
STREET ADDRESS **255 PINE AVENUE NORTH**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DST** Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

3/19/03

CR2E037 (10/02)