

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000400

FILED
Apr 23, 2008
Secretary of State

Entity Name: PLANTATION OAKS HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

504 N HARBOUR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955

Current Mailing Address:

504 N HARBOUR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955

FEI Number: 20-0492474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MGMT, INC
1978 ROCKLEDGE BLVD, STE 106
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

ADVANCED PROPERTY MGMT, INC
1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955 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:

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENGLE, C. DOUGLAS
Address: 712 PALMETTO AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: VD () Delete
Name: MORGAN, STEVEN J
Address: 712 PALMETTO AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: SD () Delete
Name: BOSCO, ALBERT J
Address: 712 PALMETTO AVENUE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VAN C. MOORE

RA

04/23/2008

Electronic Signature of Signing Officer or Director

Date