


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90060 007 \*\*\*\*61.25

DOCUMENT # N05000004766			
1. Entity Name THE PLANTATION IN PINELLAS PARK, INC.			
Principal Place of Business 9895 66TH STREET N. C/O 6505 98TH AVE. N PINELLAS PARK, FL 33782		Mailing Address 8141 54TH AVE. N FCPM SAINT PETERSBURG, FL 33709	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07102008		Chg-NP CR2E037 (12/06)	
4. FEI Number 20-2817895		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOLEY, SEAN PRES. FCPM 8141 54TH AVE. N. SAINT PETERSBURG, FL 33709		Name <u>Bob Kresnik</u> Street Address (P.O. Box Number is Not Acceptable) <b>Florida Community Property Management</b> City <u>8141 54th Avenue N</u> Zip Code <u>St Petersburg, FL 33709</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to both in the State of Florida, similar with, and accept the obligations of registered agent.			
SIGNATURE <u>Bob Kresnik AS Manager</u>		DATE <u>7-10-08</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNE, CAROL	NAME	
STREET ADDRESS	6507 98TH AVE. N #21	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILKU, HILDA	NAME	
STREET ADDRESS	9353 66TH STREET N. #19	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYDELMAN, YEUGEUI	NAME	
STREET ADDRESS	10230 BAYRU GRANDE AVE.	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, ROBERT	NAME	
STREET ADDRESS	6505 98TH AVE. N. #22	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, LORI	NAME	
STREET ADDRESS	9873 66 ST. N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert Kresnik AS Association Manager and Agent</u>		Date <u>7-10-08</u> 727 258-0092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	