


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90035 002 ****61.25

DOCUMENT # N31091			
1. Entity Name HOMEOWNERS' ASSOCIATION OF PLANTATION POINTE, INC.			
Principal Place of Business 11350 6TH ST N STE 124 LARGO, FL 33773 US		Mailing Address 11350 6TH ST N STE 124 LARGO, FL 33773 US	
2. Principal Place of Business - No P.O. Box # <i>11350 66th ST N</i>		3. Mailing Address <i>11350 66th ST N</i>	
Suite, Apt. #, etc. <i>124</i>		Suite, Apt. #, etc. <i>124</i>	
City & State <i>Largo FL</i>		City & State <i>Largo FL</i>	
4. FEI Number 59-2942667	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLIDAY ISLES PROPERTY MGMT 11350 6TH ST N LARGO, FL 33773		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) <i>11350 66th ST N</i>	
		<i>Ste 124</i>	
		City <i>Largo</i>	FL Zip Code <i>33773</i>
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, CARLO 1977 CAROLINA CT CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wardwell, Mac 1990 Carolina Court Clearwater FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURKAN, DAN 1975 CAROLINA CT CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Parker, Scott 1977 Carolina Ct Clearwater FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, FRANK 1988 CAROLINA CT. CLEARWATER, FL 33760 <input type="checkbox"/> Delete <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Frohnerath, Richard 1980 Carolina Court Clearwater FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHANK, LYNDA 1985 CAROLINA CT CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bambrace, John 1979 Carolina Court Clearwater FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAMBRACE, JOHN 1979 CAROLINA CT CLEARWATER, FL 33760 <input type="checkbox"/> Delete <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Weiss, Frank 1988 Carolina Court Clearwater FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>S. M. Burney</i>		Date: <i>3/21/07</i> Daytime Phone #: <i>548-9402</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			