


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90061 005 \*\*\*\*61.25

<b>DOCUMENT # N32782</b>					
1. Entity Name PLANTATION RESIDENTS ORGANIZATION, INC.					
Principal Place of Business P.O. BOX 491544 LEESBURG, FL 34749-8544		Mailing Address P.O. BOX 491544 LEESBURG, FL 34749-8544			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2957646	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	04032005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEWELL, STEPHEN 907 WEBSTER LEESBURG, FL 32748			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LYLE		NAME		
STREET ADDRESS	4247 LEAFWAY CIR		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIEHL, ROGER		NAME	WEINGART, RAY	
STREET ADDRESS	25111 NAVEL AVE		STREET ADDRESS	3749 PLANTATION BLVD	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZERBE, ROBERT		NAME	HANKS JACKIE	
STREET ADDRESS	4619 SUMMERBRIDGE CIR		STREET ADDRESS	25221 WATERBRIDGE CT.	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANKS, JACKIE		NAME	WILSON, TROY	
STREET ADDRESS	25221 WATERBRIDGE CT		STREET ADDRESS	4904 SAWGRASS LAKE CIR	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHL, CHARLES		NAME		
STREET ADDRESS	26284 GLEN EAGLE DR		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARANTO, AL		NAME	TUCKER RON	
STREET ADDRESS	24932 CRANES ROOST CIR		STREET ADDRESS	25236 WATERBRIDGE CT.	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
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 <i>Lyle M Johnson</i>		LYLE M JOHNSON		4/14/05 352-728-3880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Date/Time Phone #	

ATTACHMENT

40056946

**PLANTATION RESIDENTS ORGANIZATION, INC**

**N32782**

**ADDITIONAL DIRECTORS**

- D LARRY CHARLES  
4742 SAWGRASS LAKE CIR.  
LEESBURG, FL 34748
  
- D BETTY GURANY  
24313 BELLE MEDE DR  
LEESBURG, FL 34748
  
- D MARK J. KENNA  
4618 BELLE GROVE  
LEESBURG, FL 34748