


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90027 002 ****61.25

DOCUMENT # N32782			
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 - No P.O. Box # <i>Plantation</i>		3. Mailing Address <i>PO Box 542</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Leesburg FL</i>		City & State <i>Oranumpka FL</i>	
4. FEI Number 59-2957646		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 SEWELL, STEPHEN 907 WEBSTER LEESBURG, FL 32748		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 reappointing)</small>			
Filing Fee is \$61.25 Due by September 14, 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 GURANY, BETTY 24313 BELLA MEDE DR LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Langa Bethany Ann</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4341 Leafway CR Leesburg, FL 34748</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINGART, RAY <input checked="" type="checkbox"/> Delete 3749 PLANTATION BLVD LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DRUSE Clem</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>25102 Bellevue Leesburg, FL 34748</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNA, MARK <input type="checkbox"/> Delete 4618 BELLA GROVE LEESBURG, FL 34788	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Miller Joseph</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>24829 Pine Hill Leesburg FL 34748</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, TROY <input type="checkbox"/> Delete 4904 SAWGRASS LAKE CIR LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Stephen Bradley</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Leesburg, FL 34748</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UHL, CHARLES <input checked="" type="checkbox"/> Delete 26284 GLEN EAGLE DR LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CHARLES LARRY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4742 SAWGRASS LAKE CR Leesburg 34748</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, RON <input type="checkbox"/> Delete 25236 WATERBRIDGE CT LEESBURG, FL 34748	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>Mark Kenna</i>		5/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	