


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N32782
 1. Entity Name
PLANTATION RESIDENTS ORGANIZATION, INC.



Principal Place of Business
PLANTATION
LEESBURG, FL 34748

Mailing Address
P.O. BOX 542
OKAHUMPKA, FL 34762-0542

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2957646

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SEWELL, STEPHEN
907 WEBSTER
LEESBURG, FL 32748

DO NOT WRITE IN THIS SPACE

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 _____
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 May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000841937
 03/11/08 60007-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GURANY, BETTY 24313 BELLA MEDE DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, BETHANY ANN 4341 LEAFWAY CR. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNA, MARK 4618 BELLA GROVE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, TROY 4904 SAWGRASS LAKE CIR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUSE, CLEM 25102 PINE HILL LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, RON 25236 WATERBRIDGE CT LEESBURG, FL 34748

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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: *Mark J. Kenna* **MARK T. KENNA** 2/2/08 357-728 6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #