


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # N93000004883</b><br>1. Entity Name<br><b>PLANTATION HILL HOMEOWNERS ASSOCIATION, INC.</b> |   |  |
| Principal Place of Business<br><b>298 PLANTATION HILL ROAD<br/>GULF BREEZE FL 32561</b>                 |   | Mailing Address<br><b>298 PLANTATION HILL ROAD<br/>GULF BREEZE FL 32561</b>       |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt #, etc.                                | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |
| City & State  |   | City & State  |
| Zip   | Country                                       | Zip   |



1st MOORE      CR2E037 (10/06)

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SCHREIBER, CAROLE K<br/>298 PLANTATION HILL ROAD<br/>GULF BREEZE FL 32561</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ZAMBETTI, ED                        | NAME  |   |
| STREET ADDRESS             | 480 JAMES RIVER RD                  | STREET ADDRESS  | U00000619164  |
| CITY-ST-ZIP                | GULF BREEZE FL 32561                | CITY-ST-ZIP   | 02/08/07-80059-018 61.25  |
| TITLE                      | DV <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELLIS, ED                           | NAME  |   |
| STREET ADDRESS             | 485 JAMES RIVER ROAD                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | GULF BREEZE FL 32561                | CITY-ST-ZIP   |   |
| TITLE                      | DST <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHREIBER, CAROLE K                 | NAME  |   |
| STREET ADDRESS             | 298 PLANTATION HILL ROAD            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PENSACOLA FL 32503                  | 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   |   |
| 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   |   |
| 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 Section 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:** *Carole K. Schreiber*      Carole K. Schreiber      1.31.07      850.934.8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #