2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2002 8:00 AM
Secretary of State

DOCUMENT# N98000001322

Entity Name: PLANTATION ESTATES OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

10127 SW 61 AVE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

10127 SW 61 AVE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADAMS, NEAL
10127 SW 61 AVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SUMMERS, CARLA
Address: 5808 SW 95TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete
Name: AMARIN, DEBRA
Address: 9925 SW 61 AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: TD ( ) Delete
Name: ADAMS, NEAL
Address: 10127 SW 61 AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete
Name: AMIRIN, AL
Address: 9925 SW 61ST AVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AMARIN, AL
Address: 9925 SW 61 AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: GLOVER, JOSEPH
Address: 6002 SW 99 ST
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL ADAMS TD 05/04/2002

Electronic Signature of Signing Officer or Director — Date