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Jun 12, 2003 8:00 am
Secretary of State

05-01-2003 90794 039 ****61.25

55047876

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001322

1. Entity Name

PLANTATION ESTATES OWNERSHIP ASSOCIATION, INC.

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
10127 SW 61 AVE GAINESVILLE FL 32608	10127 SW 61 AVE GAINESVILLE FL 32608

2. Principal Place of Business	3. Mailing Address
5819 SW 99th ST.	5819 SW 99th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE FL	City & State: GAINESVILLE FL
Zip: 32608 Country: US	Zip: 32608 Country: US

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, NEAL 10127 SW 61 AVE GAINESVILLE FL 32608	Name: CHRIS WOODYARD Street Address (P.O. Box Number is Not Acceptable): 5819 SW 99th ST City: GAINESVILLE FL Zip Code: 32608

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: CHRIS WOODYARD TREASURER 4 27 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD AMARIN, AL 9925 SW 61 AVE GAINESVILLE FL 32608	☒ Delete	V MICHAEL SPEISMAN 6315 SW 99TH ST GAINESVILLE FL 32608	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AMARIN, DEBRA 9925 SW 61 AVE GAINESVILLE FL 32608	☐ Delete	T CHRIS WOODYARD 5819 SW 99TH ST GAINESVILLE, FL 32608	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ADAMS, NEAL 10127 SW 61 AVE GAINESVILLE FL 32608	☒ Delete	SD DEBRA AMIRIN 9925 SW 61 AVE GAINESVILLE, FL 32608	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLOVER, JOSEPH 6002 SW 99 ST GAINESVILLE FL 32608	☐ Delete	P JOSEPH GLOVER 6002 SW 99TH ST GAINESVILLE FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED TREASURER CHRIS WOODYARD 4/27/2003 352 337 0015

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