2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005106

FILED Mar 05, 2009 Secretary of State

Entity Name: PLYMOUTH LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
SUITE 105	RANGE BLOSS), FL 32809	SOM TRAIL			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5220 S. ORANGE BLOSSOM TRAIL BUITE 105 DRLANDO, FL 32809					
El Number:	59-3599487	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
KLOSTERMAN, STEPHEN R 5220 S. ORANGE BLOSSOM TRAIL SUITE 105 DRLANDO, FL 32809 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida. SIGNATURE:					
Electronic Signature of Registered Agent			nt	 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: Dity-St-Zip:	VP/D () ORTON, YVONN 2651 AMSLER S APOPKA, FL 32	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () JONES, JERRY 1182 DEKLEVA APOPKA, FL 32	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	PD () JONES, DUANE 1014 DEKLEVA APOPKA, FL 32	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	T/D (X) MAC ADAM, RO 1174 DEKLEVA APOPKA, FL 32	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	DS () WISECUP, DEB 807 LEONORE I APOPKA, FL 32	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN KLOSTERMAN RA 03/05/2009