2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 15, 2005 8:00 am Secretary of State

1. Entity Name PLYMOUTH HARBOR RESIDENTS ASSN., INC.								06-15-2005	90093 0:	30 ****61.	.25	
Principat Place of Business 700 JOHN RINGLING BOULEVARD SARASOTA, FL 34236			Mailing Address 700 JOHN RINGLING BOULEVARD SARASOTA, FL 34236									
2. Principal F	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
								05202005	Chg-NP	CR2E0	37 (10/03)	·
City & State			City & State				4. FEI Numbe NOT AF	er PPLICABLE			oplied For ot Applicable	
Zip	Zip Country		Zip C			untry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registere				-				7. Name and Address of New Registered Agent				
HOPE, MITCHELL						Name						
700 JOHN RINGLING BLVD, APT E208 SARASOTA, FL 34236					Street A	ddress (I	P.O. Box Numb	er is Not Acceptab	le)			
						City					7in Cod	-
The above named entity submits this statement for the purpose of changing its regist							FL Zip Code					
the obliga	tions of regis		or the purpo	se of changing its	register	ea office of	register	ed agent, or bo	th, in the State of F	iorida. 1 am	i familiar with,	and accept
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SIGNATURE					1108				············	<u> </u>	<u>- u </u>	
	Signature, typec	d or printed name of registered agent	t and tide it appli	cable. (NOT	E: Registere	id Agent signati	ne required	when reinstating)		DATE		
D	Filing Fe	e o punted name at registered agent ee is \$61.25 ptember 7, 2005	t and title if appli	9. Election Car Trust Fund (npaign F	inancing	ure required	\$5.00 May E Added to Fees	Be I	DATE Make ched	k payable t	
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ritereby certify that the information supplied with this filling 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: HOPE MITCHELL HOPE MITCHELL.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-05

941-361-7222