


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90064 017 \*\*\*\*61.25

<b>DOCUMENT # 714159</b> 1. Entity Name <b>PLANTATION ROYAL SECTION ONE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6901 CYPRESS RD. P.O. BOX 179 PLANTATION, FL 33317</b>			Mailing Address <b>6901 CYPRESS RD. P.O. BOX 179 PLANTATION, FL 33317</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2391930</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CRAFT, KEETTA</b> <b>6901 CYPRESS RD</b> <b>D-24</b> <b>PLANTATION, FL 33317</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code					
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 <u>Kenneth C. Washer, Pres</u> <b>KENNETH C. WASHER</b> <u>4/20/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CRAFT, KEETTA</b> <b>6901 CYPRESS RD, D24</b> <b>PLANTATION, FL 33317</b>	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BARANDAS, DEANN</b> <b>6901 CYPRESS RD H-12</b> <b>PLANTATION, FL 33317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>KENNETH WASHER</b> <b>6901 Cypress Rd B16</b> <b>Plantation, FL 33317</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ENCLUND, JUDITH</b> <b>6903 CYPRESS RD, C-22</b> <b>PLANTATION, FL 33317</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOHNSON, CHESSIE</b> <b>6903 CYPRESS RD, D-26</b> <b>PLANTATION, FL 33317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARKIN, LYNETTE</b> <b>6903 CYPRESS RD, D25</b> <b>PLANTATION, FL 33317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>TAYLOR, RUTH</b> <b>6903 CYPRESS RD D-24</b> <b>PLANTATION, FL 33317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kenneth C. Washer, Pres.</u> <b>KENNETH C. WASHER</b> <u>4/20/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

954-585-0908