

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90002 041 ****70.00

DOCUMENT # 714159 1. Entity Name PLANTATION ROYAL SECTION ONE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6901 CYPRESS RD. P.O. BOX 179 PLANTATION FL 33317		Mailing Address 6901 CYPRESS RD. P.O. BOX 179 PLANTATION FL 33317			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2391930 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/08)	
6. Name and Address of Current Registered Agent Judith B. Englund Apt. C22 6903 Cypress Rd. Plantation, FL 33317			7. Name and Address of New Registered Agent Name Judith B. Englund Street Address Apt. C22 6903 Cypress Rd. Plantation, FL 33317 City *****L 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><i>Judith B. Englund</i></u> JUDITH ENGLUND 7/31/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE)					
FILE NOW: FEE IS \$81.25 Due By September 3, 2008		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	P WASHER, KENNETH 6901 CYPRESS RD. B16 PLANTATION FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JUDITH ENGLUND 6903 CYPRESS RD 22C PLANTATION FL 33317	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARANDAS, DEANN 6901 CYPRESS RD H-12 PLANTATION FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PRISCILLA HILL 6903 CYPRESS RD C19 PLANTATION FL 33317	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, CHESSIE 6903 CYPRESS RD, D-26 PLANTATION FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHESSIE JOHNSON 6903 CYPRESS RD D26 PLANTATION FL 33317	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARKIN, LYNETTE 6903 CYPRESS RD, D25 PLANTATION FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARIA BARANDAS 6901 CYPRESS RD PH 11-12 PLANTATION, FL 33317	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, RUTH 6903 CYPRESS RD D-24 PLANTATION FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LILLIAN SCUNCIO 6901 CYPRESS RD C11 PLANTATION FL 33317	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ 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><i>Judith B. Englund</i></u> JUDITH ENGLUND 7/31/08 954-327-8463 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					