

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 716931**

1. Entity Name

**THE PLANTATION ACRES HOME AND LAND OWNERS  
IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business

**880 NW 116TH AVE  
PLANTATION, FL 33325**

Mailing Address

**9715 W BROWARD BLVD #100  
PLANTATION, FL 33324 US**



05082006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**GEORGE, JOHN P.A.  
315 SE 7TH ST  
SUITE 200  
FT LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GEORGE, JOHN G  
STREET ADDRESS 880 NW 116TH AVE  
CITY-ST-ZIP PLANTATION, FL 33325

TITLE VPD  
NAME BERNARDI, LORI  
STREET ADDRESS 11860 NW 21 CT  
CITY-ST-ZIP PLANTATION, FL 33323

TITLE TD  
NAME ANTHONY E FENECH  
STREET ADDRESS 1201 NW 118TH AVE  
CITY-ST-ZIP PLANTATION, FL 33323

TITLE SDT  
NAME QUINN, JUNE  
STREET ADDRESS 12101 NW 6 ST  
CITY-ST-ZIP PLANTATION, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000585346  
05/20/06-80128-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #