

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90014 029 \*\*\*\*61.25

**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**

**60023772**



03312008 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 May 1, 2008**

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	12181 NW 16 ST
CITY - ST - ZIP	PLANTATION, FL 33325
TITLE	SDT
NAME	LORETTA KENNA
STREET ADDRESS	11550 NW 17 CT
CITY - ST - ZIP	PLANTATION, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

*Loretta A. Kenna*  
Secretary

4-1-2008

Date

Daytime Phone #

(954) 572-0767