

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

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90104 026 ****61.25

DOCUMENT # 730342

1. Entity Name
PLANTATION PINES ASSOCIATION, INC.



Principal Place of Business
469 N. PINE ISLAND RD.
PLANTATION, FL 33324

Mailing Address
8317 W. ATLANTIC BLVD
CORAL SPRINGS, FL 33071 US

40098525



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1696549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYAL PROPERTY MANAGEMENT, INC.
8317 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

**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	D
NAME	SILVERMAN, STANLEY
STREET ADDRESS	469 N. PINE ISLAND RD B-108
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	P
NAME	ALONSO, MAGGIE
STREET ADDRESS	469 N PINE ISLAND RD B-102
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	TD
NAME	MISTAL, ROBERT
STREET ADDRESS	485 NORTH PINE ISLAND RD A-205
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VP
NAME	WEBSTER, VICTORIA
STREET ADDRESS	469 NORTH PINE ISLAND B-203
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	THOMPSON, MARK
STREET ADDRESS	485 NORTH ISLAND RD A-305
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

4/25/08
Date

954-757-9292
Daytime Phone #