

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730342

FILED
Apr 29, 2009
Secretary of State

Entity Name: PLANTATION PINES ASSOCIATION, INC.

Current Principal Place of Business:

469 N. PINE ISLAND RD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8317 W. ATLANTIC BLVD
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 59-1696549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILVERMAN, STANLEY
Address: 469 N. PINE ISLAND RD B-108
City-St-Zip: PLANTATION, FL 33324

Title: P () Delete
Name: ALONSO, MAGGIE
Address: 469 N PINE ISLAND RD B-102
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: MISTAL, ROBERT
Address: 485 NORTH PINE ISLAND RD A-205
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: WEBSTER, VICTORIA
Address: 469 NORTH PINE ISLAND B-203
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: THOMPSON, MARK
Address: 485 NORTH ISLAND RD A-305
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SILVERMAN, STANLEY
Address: 469 N. PINE ISLAND ROAD B-108
City-St-Zip: PLANTATION, FL 33324

Title: P (X) Change () Addition
Name: SCHMIDT, BARBARA
Address: 469 N PINE ISLAND ROAD B 307
City-St-Zip: PLANTATION, FL 33324

Title: P (X) Change () Addition
Name: MISTAL, ROBERT
Address: 485 NORTH PINE ISLAND ROAD A-205
City-St-Zip: PLANTATION, FL 33324

Title: VP (X) Change () Addition
Name: WEBSTER, VICTORIA
Address: 469 NORTH PINE ISLAND ROAD B-203
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY SILVERMAN

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date