

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 738828
 1. Entity Name
PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
305 NORTH DR ISLAMORADA FL 33036 US **305 NORTH DR ISLAMORADA FL 33036 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For / Not Applied For
NO-T APPLICABLE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTINA, ANGEL J
305 NORTH DR
ISLAMORADA FL 33036

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<input type="checkbox"/> Delete
NAME	MULLINS RICHARD,	
STREET ADDRESS	109 SOUTH DR.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WRIGHT, CARL	
STREET ADDRESS	201 HARBOR DR.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEETS, EDWARD	
STREET ADDRESS	313 NORTH DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CORTINA, ANGEL J	
STREET ADDRESS	305 NORTH DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WIGHTMAN, E.	
STREET ADDRESS	115 SOUTH DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINS, W.	
STREET ADDRESS	113 SOUTH DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

U00000491932
 04/19/06-80045-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____

3/2/06