2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 738828

1. Entity Name

PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Busines	as	Mailing Address			
305 NORTH DR ISLAMORADA FL 3303 US	6	305 NORTH DR ISLAMORADA FL 33036 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			

FILED Feb 07, 2008 8:00 am Secretary of State 02-07-2008 90032 021 ****61.25

	e or business	Maling Address			
305 NORTH DR ISLAMORADA FL 33036 US		305 NORTH DR ISLAMORADA FL 33036 US			
2. Principal P	Place of Business - No P.O. Boy #	3. Mailing Address			B B B B B
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)	
City & Stat	е	City & State		4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
Zip	Country	Zip	Country		75 Additional 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 Addres	Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL ²	ip Code
	named entity submits this statement factors of registered agent.	or the purpose of changing its	registered affice or regis	tered agent, or both, in the State of Florida. I am familia	ar with, and accept
•	i de la companya de l		_		
SIGNATURE	Signature, typed or carried name of registered agen	Land tre Lacorcacie. (NOTE	: Bay slored Agent signature redu	rred whan reinstaung) CATE	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees Make Check Pay Florida Department	it of State
. 10.	OFFICERS AND D	IRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 10
THTLE	D DICLIAND	☐ Delete	TITLE		Change Addition
name Street address	MULLINS RICHARD, 109 SOUTH DR.		NAME STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZiP		
TATLE	VPD	☐ Defete	TITLE		Change
NAME	WRIGHT, CARL		NAME		- '
STREET ADDRESS	201 HARBOR DR.		STREET ADDRESS		
CITY+ST+ZIP	ISALMORADA FL 33036				
TITLE		,	CITY-ST-ZIP	F***(
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	SHEETS, EDWARD	☐ Delete	TITLE NAME		Change Addition
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Thereby deriny may the information supplied with this fling does not quality for the exemptions contained in Section 1.19. Florida Statutes. I further certify that the information indicated on this report or supplied ental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ma an officer or director of the corporation or the receiver of trustee empowered in 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 at other like empowered.

SIGNATURE:

308-852-2060