


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 745061
 1. Entity Name
PLANTATION VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 9030 W FT ISLAND TRAIL #4 CRYSTAL RIVER, FL 34429	Mailing Address 9030 W FT ISLAND TRAIL #4 CRYSTAL RIVER, FL 34429
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02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2019217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GONZALEZ, C.F. (M.D.)
 9030 W FT ISLAND TRAIL #10
 PLANTATION VILLAGE
 CRYSTAL RIVER, FL 32629

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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: *C.F. Gonzalez* (NOTE: Registered Agent signature required when reinstating)
 DATE: *2-8-05*

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D PRITCHARD, DONALD 9030 W. FT. ISLAND TR#3A CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERG, LEONARD 217 KINGS BAY DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRVEN, CARL 9070 W FORT ISLAND TRAIL #2 CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000279775
 03/23/05-80009-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald Pritchard* 3/29/05 564-2077 352
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #