

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 022 ****61.25

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01162006 Chg-NP CR2E037 (11/05)

DOCUMENT # 745061					
1. Entity Name PLANTATION VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
2. Principal Place of Business 9030 W FT ISLAND TRAIL #4 CRYSTAL RIVER, FL 34429			3. Mailing Address 9030 W FT ISLAND TRAIL #4 CRYSTAL RIVER, FL 34429		
2. Principal Place of Business 9030 W. Fort Island Trail Suite, Apt. #, etc. 3		3. Mailing Address 9030 W. Fort Island Trail Suite Apt. #, etc. 3			
City & State Crystal River FL		City & State Crystal River FL		4. FEI Number 59-2019217	
Zip 34429		Country United States		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			7. Name and Address of New Registered Agent Name <u>Donald H. Pritchard</u> Street Address (P.O. Box Number is Not Acceptable) <u>9030 W. Fort Island Trail #3</u> <u>Plantation Village</u> City <u>Crystal River</u> FL Zip Code <u>34429</u>		
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 <u><i>D. Pritchard</i></u> DATE <u>1-25-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P D PRITCHARD, DONALD 9030 W. FT. ISLAND TR#3A CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERG, LEONARD 217 KINGS BAY DRIVE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DR. Roy Horn 9030 W. Fort Island Trail #10-A Crystal River, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRVEN, CARL 9070 W FORT ISLAND TRAIL #2 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>D. Pritchard</i></u>			Date <u>1-25-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		