

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745061

FILED
Mar 03, 2009
Secretary of State

Entity Name: PLANTATION VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9030 W FORT ISLAND TRAIL STE #3
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

9030 W FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429

Current Mailing Address:

9030 W FT ISLAND TRAIL #3
CRYSTAL RIVER, FL 34429

New Mailing Address:

P O BOX 969
HOMOSASSA SPRINGS, FL 34447 US

FEI Number: 59-2019217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADSELL, LEANNE
13 DOGWOOD DRIVE
HOMOSASSA, FL 34446 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: S () Delete
Name: HORN, ROY DR
Address: 9030 W FORT ISLAND TRAIL, STE. 10A
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P () Delete
Name: IRVEN, CARL
Address: 9030 W FORT ISLAND TRAIL #2
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HORN, ROY DR
Address: 9030 W FORT ISLAND TRAIL, SUITE 10A
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P (X) Change () Addition
Name: IRVEN, CARL DR
Address: 9030 W FORT ISLAND TRAIL, SUITE #2
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: T () Change (X) Addition
Name: FERRARA, TAMMY DR
Address: 9030 W FORT ISLAND TRAIL, SUITE #3
City-St-Zip: CRYSTAL RIVER, FL 34429 US

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: LEANNE HADSELL, MG AGENT

AGENT

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date