

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745061

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** PLANTATION VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9030 W FORT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1630  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

FEI Number: 59-2019217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TREMBLAY, BARBARA N  
427 NE 3RD STREET  
SUITE A  
CRYSTAL RIVER, FL 34423 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  
Name: HORN, ROY DR  
Address: 9030 W FORT ISLAND TRAIL, SUITE 10A  
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: T  
Name: BARRON, TAMMY DR  
Address: 9030 W FORT ISLAND TRAIL, SUITE #3  
City-St-Zip: CRYSTAL RIVER, FL 34429 US

I hereby 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 all other like empowered.

SIGNATURE: DR CARL IRVEN

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date