

FILED
Mar 31, 2008 8:00 am
Secretary of State


1. The first step in the process is to identify the problem. This involves gathering information about the situation and the people involved. It is important to understand the context and the stakes of the problem.

2. Once the problem is identified, the next step is to analyze it. This involves breaking the problem down into its components and understanding the relationships between them. It is important to consider the causes of the problem and the potential consequences of different solutions.

3. After analyzing the problem, the next step is to develop a plan. This involves identifying the goals of the solution and the steps that need to be taken to achieve them. It is important to consider the resources available and the potential obstacles to the solution.

4. The final step in the process is to implement the plan. This involves putting the plan into action and monitoring the progress. It is important to be flexible and adjust the plan as needed based on the results.

5. Once the plan has been implemented, the final step is to evaluate the results. This involves assessing the effectiveness of the solution and identifying any areas for improvement. It is important to learn from the experience and apply the lessons learned to future problems.

DOCUMENT # 748044						03-31-2008 90020 014 ****61.25	
1. Entity Name VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC							
Principal Place of Business 7893 NW 11TH PLACE PLANTATION, FL 33322				Mailing Address 7893 NW 11TH PLACE PLANTATION, FL 33322			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PROCTOR, LLOYD W 400 S.E. 18TH STREET FT. LAUDERDALE, FL 33316-2820				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008				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	PD RANDAZZO, SEBASTIAN 7893 NW 11TH PLACE PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charlotte Orton 7893 NW 11th Pl Plantation, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAND, JUDITH 7893 NW 11TH PLACE PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steven Margolis 7893 NW 11 Pl Plantation, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COR, TINA 7893 NW 11TH PLACE PLATATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Minaela Constantin 7893 NW 11 Pl Plantation, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, CYNTHIA 7893 NW 11TH PLACE PLANTATION, FL 33322	<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	D GREGER, DON 7893 NW 11TH PLACE PLANTATION, FL 33322	<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	Director	<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: Cynthia M. Turner				Cynthia M. Turner 2-27-08 754-323-3100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			