

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90179 024 ****61.25

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DOCUMENT # 755712 1. Entity Name THE PLANTATION MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business 899 WOODBRIDGE DR VENICE, FL 34293			Mailing Address 899 WOODBRIDGE DR VENICE, FL 34293		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
- Zip -		Country		Zip	
Country		Country		4. FEI Number 59-2187638	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOUGLAS, JESSICA E ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE, FL 34293				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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIMS, SHARON <input type="checkbox"/> Delete 899 WOODBRIDGE DR. VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, JAMES <input type="checkbox"/> Delete 899 WOODBRIDGE DRIVE VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACKEY, DONALD <input checked="" type="checkbox"/> Delete 899 WOODBRIDGE DR. VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHABLE, TED <input type="checkbox"/> Delete 899 WOODBRIDGE DR VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGERSTRAU, KENNETH <input type="checkbox"/> Delete 899 WOOD DR VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SIMS, SHARON L.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STRICKLAND, JAMES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHABLE, TED				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAGERSTROM, KENNETH				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BUEHLER, RICHARD 899 WOODBRIDGE DR. VENICE, FL 34293				
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: <u>Sharon L. Sims</u> Sharon Sims 4/8/05 941-493-0287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					