


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90364 033 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04022008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2187638	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOUGLAS, JESSICA E. ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE, FL 34293			Name <i>Advanced Management, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>899 Woodbridge Drive</i> City <i>Venice</i> FL Zip Code <i>34293</i>		
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 <i>Jessica E. Douglas</i>		<i>Jessica E. Douglas, Agent</i>		DATE <i>4-7-08</i>	
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, SHARON L		NAME		
STREET ADDRESS	899 WOODBRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>SD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWIGG, BETH		NAME	<i>Twigg, Beth</i>	
STREET ADDRESS	899 WOODBRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHER, WILLIAM		NAME		
STREET ADDRESS	899 WOOD BRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<i>VPD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PETER		NAME	<i>Davis, Peter</i>	
STREET ADDRESS	899 WOOD BRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUEHLER, RICHARD		NAME	<i>Thompson, David</i>	
STREET ADDRESS	899 WOODRIDGE DR		STREET ADDRESS	<i>899 Woodbridge Dr.</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>VENICE, FL 34293</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>William C. Bacher</i>		<i>William Bacher</i>		DATE <i>4/23/08</i> 941-498-0287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	