


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90049 013 ****61.25

DOCUMENT # 756605 1. Entity Name THE PLANTATION LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENCIE, FL 34293 US			Mailing Address ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENCIE, FL 34293 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2168827	
Zip		Country		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	
JORDAN, DONNA ADVANCED MANAGEMENT INC 899 WOODGRIDGE DR VENICE, FL 34293				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 <u><i>Donna S. Jordan</i></u> <u><i>Donna S. Jordan</i></u> <u><i>Managing Agent</i></u> <u><i>3/21/07</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERUBE, PAUL		NAME	<i>PD Berube, Paul</i>	
STREET ADDRESS	899 WOOD BRIDGE DRIVE		STREET ADDRESS	<i>899 Woodbridge Dr.</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>Venice, FL 34293</i>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEFER, JAMES		NAME	<i>Morehead, Judy</i>	
STREET ADDRESS	899 WOODBRIDGE DRIVE		STREET ADDRESS	<i>899 Woodbridge Dr.</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>Venice, FL 34293</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREMBLEY, CHERYL		NAME	<i>Wolford, Barbara</i>	
STREET ADDRESS	899 WOOD BRIDGE DRIVE		STREET ADDRESS	<i>899 Woodbridge Dr.</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>Venice, FL 34293</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPP, MARJAORIE		NAME	<i>Lapp, Marjorie</i>	
STREET ADDRESS	899 WOODBRIDGE DR		STREET ADDRESS	<i>899 Woodbridge Dr.</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>Venice, FL 34293</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AX, NANCY		NAME	<i>Ax, Nancy</i>	
STREET ADDRESS	8999 WOODBRIDGE 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: <u><i>Paul J. Berube</i></u> <u><i>PAUL J. BERUBE</i></u> <u><i>MAR 6, 07</i></u> <u><i>941-497-7366</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					