


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 020 \*\*\*\*61.25

<b>DOCUMENT # N00000003191</b> 1. Entity Name <b>PLANTATION OAKS RESIDENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1 PLANTATION OAKS BLVD FLAGLER BEACH, FL 32136</b>			Mailing Address <b>1 PLANTATION OAKS BLVD FLAGLER BEACH, FL 32136</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3649204</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>COLLING, LEE JAY</b> <del>20 N. ORANGE AVE</del> <b>529 VERSAILLES DR.</b> <del>ORLANDO, FL 32802</del> <b>SUITE 103</b> <b>MAITLAND, FL 32751</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SHAVER, GEORGE</b> <b>21 ASHBURY LN</b> <b>FLAGLER BEACH, FL 32136</b> <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	VD <b>JONES, JOANNE</b> <b>15 CLAREMOUNT DRIVE</b> <b>FLAGLER BEACH, FL 32136</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MUNSON, CHUCK</b> <b>16 CLAREMOUNT DR</b> <b>FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>COLE, ELIZABETH</b> <b>1 CLAREMOUNT DRIVE</b> <b>FLAGLER BEACH, FL 32136</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>JEFFEE, JACK</b> <b>13 ASHBURY LN</b> <b>FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DUNHAM, LORETTA J</b> <b>39 HABERSHAM DRIVE</b> <b>FLAGLER BEACH, FL 32136</b> <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 <b>COURTNEY, MARIE</b> <b>125 HABERSHAM DRIVE</b> <b>FLAGLER BEACH, FL 32136</b> <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	TD <b>DINKINS, DEBRA</b> <b>3 CLAIREMONT DR</b> <b>FLAGLER BEACH, FL 32136</b> <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 lists empowered.					
<b>SIGNATURE:</b> <i>George W. Shaver</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/12/2007</b> <b>386-439-6898</b> <small>Date Daytime Phone #</small>		

40065001



04102007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL Zip Code

ATTACHMENT

40063631  
#N000000003191

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
EPSTEIN, HAL  
9 BIDMONT STREET  
FLAGLER BEACH, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PEAVY, ROBERT  
10 WINTHROP LANE  
FLAGLER BEACH, FL 32136

x Addition