


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90190 028 \*\*\*\*61.25

<b>DOCUMENT # N00000008370</b> 1. Entity Name <b>PLANTATION PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1050 A ELW PKWY</b> <b>OLDSMAR, FL 34677 US</b>		Mailing Address <b>1050 A ELW PKWY</b> <b>OLDSMAR, FL 34677 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address    Country 	
4. FEI Number <b>59-3717602</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCANNAVINO, INC</b> <b>1050 A ELW PKWY</b> <b>OLDSMAR, FL 34677</b>		7. Name and Address of New Registered Agent Name Street Add 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<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	VD PERRY, CHERYL 3027 BANYAN HILL LN. LAND O'LAKES, FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORRACCHIA, KATHY 2926 BANYAN HILL LANE LAND O'LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYNTON, BRECK 23809 CORAL RIDGE LAND O'LAKES, FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, GAIL 3009 BANYAN HILL LANE LAND O'LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHLER, DIANE 23931 CORAL RIDGE LANE LAND O'LAKES, FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORRIVEAU, MICHELLE 2905 BANYAN HILL LANE LAND O'LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANO, BRUCE 3118 BANYAN HILL LAND O'LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEURS, MARTAN 23611 CORAL RIDGE LANE LAND O'LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SENNOTT, ROSEMARY 3114 BANYAN HILL LANE LAND O'LAKES, FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARQUIN, ROSEMARY 3114 BANYAN HILL LANE LAND O'LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, ANA 23712 CORAL RIDGE LANE LAND O'LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD    <input checked="" 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.			
<b>SIGNATURE:</b> <i>Ana Vazquez</i>		Date: <b>3/29/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	