


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90093 049 ****61.25

DOCUMENT # N00023
1. Entity Name
PLANTATION OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **821 SE 3RD ST
OCALA FL 34471
US**
Mailing Address: **PO BOX 4192
OCALA FL 34478
US**



2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip

1st MOORE CR2E037 (10/05)
4. FEI Number: **59-2350661**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARIE F. FARLEY
814 SE 2ND ST.
OCALA FL 34471**

7. Name and Address of New Registered Agent
Name: **Mary C. Johnson**
Street Address (P.O. Box Number is Not Acceptable): **821 SE 3rd St.**
City: **Ocala** FL Zip Code: **34471**

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: *Mary C. Johnson*
Signature, typed or printed name of registered agent and title if applicable: **Mary C. Johnson** (NOTE: Registered Agent signature required when reinstating)
DATE: **4/25/06**

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: HANKS, LEGARE STREET ADDRESS: 816 SE 2ND ST CITY-ST-ZIP: Ocala FL 34471	<input checked="" type="checkbox"/> Delete
TITLE: TSD NAME: JOHNSON, MARY C. STREET ADDRESS: 821 SE 3RD STREET CITY-ST-ZIP: Ocala FL	<input type="checkbox"/> Delete
TITLE: VD NAME: FEHR, NOELANI STREET ADDRESS: 825 SE 3RD ST CITY-ST-ZIP: Ocala FL 34471	<input checked="" type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: Fehr, Noelani J. STREET ADDRESS: 825 SE 3rd St. CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: Adler, Marilyn STREET ADDRESS: 819 SE 3rd St. CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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 Section 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: *Mary C. Johnson* 4-25-06 (352) 351-4712