


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90087 050 \*\*\*\*61.25

<b>DOCUMENT # N01000006851</b>	
1. Entity Name <b>PLANTATION PRESERVE HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>8359 BEACON BLVD. #213 FORT MYERS FL 33907</b>	Mailing Address <b>21301 S TAMiami TrL. STE. 320, PMB 335 ESTERO FL 33928</b>
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2. Principal Place of Business <b>11511 Plantation Preserve Cir</b>	3. Mailing Address <b>14020 Palm Beach Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

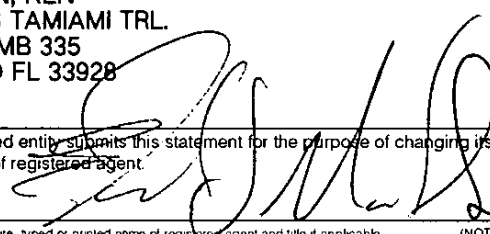
City & State <b>Ft. Myers Florida</b>	City & State <b>Ft. Myers Florida</b>
Zip <b>33912</b>	Zip <b>33905</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-1142449</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>HAYDEN, KEN 21301 S TAMiami TrL. #320, PMB 335 ESTERO FL 33928</b>	
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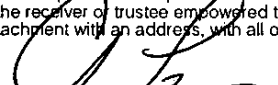
7. Name and Address of New Registered Agent Name <b>EDWARD L. MAROTI SR.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>14020 Palm Beach Blvd</b>	
City <b>Ft Myers</b>	Zip Code <b>FL 33905</b>

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 	DATE <b>4-25-05</b>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECKEL, CHRISTOPHER 6535 PLANTATION PRESERVE CIR. N FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CANDELORE, JOSEPH 6531 PLANTATION PRESERVE CIR. FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEBLOIS, EDMOND 14679 PLANTATION PRESERVE CIR. FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRIS LOWMAN 11578 PLANTATION PRESERVE CIR S, FT. MYERS, FL. 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA ESPOSITO 11566 PLANTATION PRESERVE CIR. S FT. MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: 	DATE <b>4-25-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>CHRIS LOWMAN</b>	