2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# N01088

Entity Name: PLANTATION VILLAGE I, INC.

Current Principal Place of Business:

274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

C/O FLARENT INC
274 WILSHIRE BLVD STE, 282
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2366691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, GEOFFREY W
% FLARENT, INC.
274 WILSHIRE BLVD., STE 282
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ORIENTALE, JEAN
Address: 6802 WOODLAND DR.
City-St-Zip: ORLANDO, FL 32810 US

Title: TD (X) Delete
Name: VALLAT, GRISELLA
Address: 4140 PLANTATION COVE DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: D ( ) Delete
Name: ZARRELLA, CHRISTINE
Address: 4148 PLANTATION COVE DR
City-St-Zip: ORLANDO, FL 32810

Title: VPD ( ) Delete
Name: GRAY, BESSIE
Address: 4102 PLANTATION COVE DR.
City-St-Zip: ORLANDO, FL 32810 US

Title: D ( ) Delete
Name: SAXON, PHIL
Address: 4160 PLANTATION COVE DR.
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change ( ) Addition
Name: ORIENTALE, JEAN
Address: 6802 WOODLAND DR.
City-St-Zip: ORLANDO, FL 32810 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN ORIENTALE PSDT 04/01/2008

Electronic Signature of Signing Officer or Director — Date