## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01088

FILED Mar 02, 2009 Secretary of State

Entity Name: PLANTATION VILLAGE I, INC.

Current Principal Place of Business: New Principal Place of Business:

274 WILSHIRE BLVD STE 282

CASSELBERRY, FL 32707 US

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSDT () Delete

 Name:
 ORIENTALE, JEAN

 Address:
 6802 WOODLAND DR.

 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

Name: SAXON, PHIL Address: 4160 PLANTATION COVE DR. City-St-Zip: ORLANDO, FL 32810 US

Title: SD (X) Change ( ) Addition

Name: ORIENTALE, JEAN
Address: 6802 WOODLAND DR.
City-St-Zip: ORLANDO, FL 32810 US

Title: TD (X) Change ( ) Addition
Name: ZARRELLA, CHRISTINE
Address: 4148 PLANTATION COVE DR
City-St-Zip: ORLANDO, FL 32810

Title: PD (X) Change ( ) Addition

Name: GRAY, BESSIE

Address: 4102 PLANTATION COVE DR. City-St-Zip: ORLANDO, FL 32810 US

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: GEOFFREY W. HALL RA 03/02/2009