

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

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90314 023 \*\*\*\*61.25

**DOCUMENT # N02000005310**

1. Entity Name

**THE PLANTATION AT LEESBURG, ROSEDOWN VILLAGE  
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

25201 HIGHWAY 27  
LEESBURG FL 34748

Mailing Address

P.O. BOX 725  
OKAHUMPKA FL 34762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0738951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THIELE, EARL H  
25201 HIGHWAY 27  
LEESBURG FL 34748**

Name *Harold McCreedy*

Street Address (P.O. Box Number is Not Acceptable)

*4914 Rosedown Dr*

City *Leesburg*

**FL**

Zip Code  
*34748*

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

*Harold McCreedy* *Harold McCreedy, President*

*4-23-06*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

**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 ☒ Delete  
NAME HALVORSEN, THOMAS  
STREET ADDRESS 24415 AMBERLEAF CT  
CITY-ST-ZIP LEESBURG FL 34748

TITLE SD ☒ Delete  
NAME KRONK, PATRICIA  
STREET ADDRESS 24441 AMBERLEAF CT  
CITY-ST-ZIP LEESBURG FL 34748

TITLE TD ☐ Delete  
NAME BANJANIN, CHARLES  
STREET ADDRESS 24403 AMBERLEAF CT  
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME *McCreedy, Harold*  
STREET ADDRESS *4914 Rosedown Dr*  
CITY-ST-ZIP *Leesburg, FL 34748*

TITLE SD ☐ Change ☒ Addition  
NAME *Speights, Frances*  
STREET ADDRESS *4912 Cypress Head Ct*  
CITY-ST-ZIP *Leesburg, FL 34748*

TITLE D ☒ Change ☐ Addition  
NAME *Halvorsen, Thomas*  
STREET ADDRESS *24415 Amberleaf Ct*  
CITY-ST-ZIP *Leesburg, FL 34748*

TITLE D ☐ Change ☐ Addition  
NAME *Clune, Catherine*  
STREET ADDRESS *24445 Amberleaf Ct*  
CITY-ST-ZIP *Leesburg, FL 34748*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Harold McCreedy* *Harold McCreedy*

*4-23-06 (352) 314-2349*