


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90091 016 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0738951	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCREADY, HAROLD 4914 ROSEDOWN DR LEESBURG, FL 34748			Name Sean Wendel		
			Street Address (P.O. Box Number is Not Acceptable) 2445 2 Amberleaf Ct		
			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 J. Jean Wendel DATE 4-28-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD McGready, Harold <input checked="" type="checkbox"/> Delete	TITLE	PD Sean Wendel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	McGready, Harold	NAME	Sean Wendel		
STREET ADDRESS	4914 ROSEDOWN DR	STREET ADDRESS	2445 2 Amberleaf Ct		
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPEIGHTS, FRANCES	NAME			
STREET ADDRESS	4912 CYPRESS HEAD CT	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D Sally Warner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALVORSEN, THOMAS	NAME	Sally Warner		
STREET ADDRESS	24415 AMBERLEAF CT	STREET ADDRESS	4908 Cypress Head Ct		
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLUNE, CATHERINE	NAME			
STREET ADDRESS	24445 AMBERLEAF CT	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: J. Jean Wendel DATE 4-28-07 DAYTIME PHONE # 352-728-6174 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					