# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

09-07-2007 90002 041 ***61.25
N02000005310

FILED
07 SEP 10 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005310

1. Entity Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 25201 HIGHWAY 27<br>LEESBURG FL 34748 | P.O. BOX 725<br>OKAHUMPKA FL 34762 |

2nd MOORE CR2E037 (4/07)

| 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 ☐ 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 |
|---|---|
| WENDEL, JEAN<br>24452 AMBERLEAF CT<br>LEESBURG FL 34748 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 Flory Jean Wendel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By September 5, 2007**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WENDEL, JEAN<br>24452 AMBERLEAF CT<br>LEESBURG FL 34748 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SPEIGHTS, FRANCES<br>4912 CYPRESS HEAD CT<br>LEESBURG FL 34748 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>JM 9/11 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WARNER, JAY<br>4508 CYPRESS HEAD CT<br>LEESBURG FL 34748 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLUNE, CATHERINE<br>24449 AMBERLEAF CT<br>LEESBURG FL 34748 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BANJANIN, LEE<br>24403 AMBERLEAF CT<br>LEESBURG, FL 34748<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Flory Jean Wendel JEAN WENDEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #