


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90017 001 \*\*\*\*61.25

DOCUMENT # N02000005310 1. Entity Name THE PLANTATION AT LEESBURG, ROSEDOWN VILLAGE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 25201 HIGHWAY 27 LEESBURG, FL 34748	Mailing Address P.O. BOX 725 OKAHUMPKA, FL 34762
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**DO NOT WRITE IN THIS SPACE**

40038000



02232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0738951	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WENDEL, JEAN 24452 AMBERLEAF CT LEESBURG, FL 34748
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**DO NOT WRITE  
IN THIS SPACE**

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: <u>F. Jean Wendel</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>2/27/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENDEL, JEAN 24452 AMBERLEAF CT LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPEIGHTS, FRANCES 4912 CYPRESS HEAD CT LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARNER, JAY 4908 CYPRESS HEAD CT LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANJANIN, LEE 24403 AMBERLEAF CT LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malican, David 24433 Amberleaf Ct. Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: <u>F. Jean Wendel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>2/27/08</u> (352) 728-6174 <small>Date Daytime Phone #</small>