

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90060 041 ****61.25

DOCUMENT # N04000000202					
1. Entity Name THE TOWNHOUSES OF PLANTATION CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 4780 N.W. 9TH COURT PLANTATION, FL 33317			Mailing Address C/O CONTINENTAL GROUP 2950 N 28TH TERRACE HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04012008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 56-2460298	
Zip		Country		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		
CASERIA SPIRITI & GONZALEZ 1212 NE 16TH AVENUE NORTH MIAMI, FL 33161			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 P	NAME RAY, SHAWN MICHAEL			<input type="checkbox"/> Delete	
STREET ADDRESS 4837 NW 9TH AVENUE	CITY-ST-ZIP PLANTATIONAL, FL 33317				
TITLE VP	NAME GRAHAM, PAMELLA			<input type="checkbox"/> Delete	
STREET ADDRESS 4621 NW 9TH DRIVE	CITY-ST-ZIP PLANTATION, FL 33317				
TITLE S	NAME MARTINI, JESSICA			<input type="checkbox"/> Delete	
STREET ADDRESS 4805 NW 9 DR	CITY-ST-ZIP PLANTATION, FL 33317				
TITLE T	NAME LADWIG, KELLY			<input type="checkbox"/> Delete	
STREET ADDRESS 4740 NW 9TH DRIVE	CITY-ST-ZIP PLANTATION, FL 33317				
TITLE D	NAME HELSTONE, PETRA			<input type="checkbox"/> Delete	
STREET ADDRESS 4833 NW 9TH AVENUE	CITY-ST-ZIP PLANTATION, FL 33317				
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	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: <i>[Signature]</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4/4/08 Daytime Phone #: 954-562-4866	