

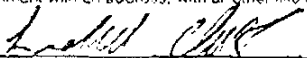
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FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90184 046 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000000202					
1. Entity Name PLANTATION GLEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 109 MACKERY WOODS RD. SOPCHOPPY, FL 32358			Mailing Address P.O. BOX 352 SOPCHOPPY, FL 32358		
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 NOT APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, LINDELL 109 MACKERY WOODS RD. SOPCHOPPY, FL 32358			7. Name and Address of New Registered Agent 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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 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					
TITLE	PO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LYNN, M. ANDY		NAME		
STREET ADDRESS	P.O. BOX 11		STREET ADDRESS		
CITY-ST-ZIP	ST. MARKS, FL 32355		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JENKINS-RICE, WINKY		NAME		
STREET ADDRESS	61 GREENOUGH RD.		STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY, FL 32358		CITY-ST-ZIP		
TITLE	VTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CLARK, LINDELL		NAME		
STREET ADDRESS	P.O. BOX 352		STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY, FL 32358		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RADEL, WILLIAM		NAME		
STREET ADDRESS	7921 BRIARCREEK RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 817, 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: 		4-26-07		960-5476	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	