2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000000202

Entity Name: PLANTATION GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

109 MACKERY WOODS RD.
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 352
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, LINDELL
109 MACKERY WOODS RD.
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD ( ) Delete
Name:	LYNN, M. ANDY
Address:	P.O. BOX 11
City-St-Zip:	ST. MARKS, FL 32355
Title:	VTD ( ) Delete
Name:	CLARK, LINDELL
Address:	P.O. BOX 352
City-St-Zip:	SOPCHOPPY, FL 32358
Title:	SD ( ) Delete
Name:	RADEL, WILLIAM
Address:	7921 BRIARCREEK RD.
City-St-Zip:	TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDELL CLARK T/D 04/28/2009
Electronic Signature of Signing Officer or Director Date