


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

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90066 002 ****61.25

DOCUMENT # N05000011762	
1. Entity Name OLD PLANTATION HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3801 PGA BLVD. SUITE 107 PALM GARDENS FL 33410	Mailing Address 3801 PGA BLVD. SUITE 107 PALM GARDENS FL 33410
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2. Principal Place of Business - No P.O. Box # Suite, Apt.: City & State: Zip:	3. Mailing Address 3535 Military Trail Suite 101 Jupiter, FL 33458
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1st MOORE CR2E037 (10/06)

4. FEI Number 20-4543740	Applied For <input type="checkbox"/> 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 FRANKEL, THOMAS 3801 PGA BLVD. SUITE 107 PALM GARDENS FL 33410

7. Name and Address of New Registered Agent Name: Street Address: City:	3535 Military Trail Suite 101 Jupiter, FL 33458
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8. The above named entity submits this statement for the purpose of changing its registered office or for the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.	Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, BENJAMIN 3801 PGA BLVD. SUITE 107 PALM GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FRANKEL, THOMAS 3801 PGA BLVD. SUITE 107 PALM GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FRANKEL, GERRY 3801 PGA BLVD. SUITE 107 PALM GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Thomas Frankel 1-31-07