## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001842

FILED May 01, 2008 Secretary of State

Entity Name: PLANTATION AT SANTA ROSA HOMEOWNERS ASSOCIATION, INC.

urrent P	Principal Place of Business:	New Principal Place of Business:	
928 COE	BBLESTONE DRIVE		
UITE 202			
OUTHAV	VEN, MS 38672		
urrent N	Mailing Address:	New Mailing Address:	
O. BOX	165 √EN, MS 38671		
	r: 20-5181477 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation dic	FEI Number Not Applicable ( ) Certificate of Status Desir not receive the prior notice.	red ( )
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	COTT M ESQ. WS & HAWKINS, P.A.		
475 LEG	ENDARY DRIVÉ FL 32541 US		
475 LEG ESTIN, F he above	ENDARY DRIVÉ FL 32541 US	e purpose of changing its registered office or registered agent	t, or both
475 LEG ESTIN, F he above the Stat	ENDARY DRIVE FL 32541 US e named entity submits this statement for the se of Florida.	e purpose of changing its registered office or registered agent	t, or both
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475 LEG DESTIN, F he above the State GNATU  PFFICER tte:	ENDARY DRIVE FL 32541 US e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered A S AND DIRECTORS:  PD () Delete MULLINS, HAL S P. O. BOX 165 SOUTH HAVEN, MS 38671  VPD () Delete WATSON, TATE P. O. BOX 1222 SANTA ROSA BEACH, FL 32459  STD () Delete	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DI  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition	

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: HAL S MULLINS PD 05/01/2008