

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90039 039 ****61.25

DOCUMENT # N07000008111

1. Entity Name
PLANTATION OAKS HOA OF PLANT CITY, INC.



Principal Place of Business
**295 FIRST STREET SOUTH
WINTER HAVEN, FL 33880**

Mailing Address
**295 FIRST STREET SOUTH
WINTER HAVEN, FL 33880**



2. Principle Place of Business:
**2045 San Marcos Drive
City & State:
Winter Haven, FL
Zip 33880 Country USA**

3. Mailing Address
Mailing Address
**2045 San Marcos Drive
City & State:
Winter Haven, FL
Zip 33880**

08222007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-8227110** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRINSON, J. KEMP
255 MAGNOLIA AVE. SW
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name
**Richard A. Tenaglia
c.o. Creative Association Services, Inc.
2045 San Marcos Drive
Winter Haven, FL 33880**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

Agent.

(NOTE: Registered Agent signature required when reinstating)

8/22/2007

DATE

**Filing Fee is \$61.25
Due by September 14, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASSIDY, PETER E 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSIDY, MICHAEL H 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RHINEHART, ROBERT S 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William Bock PO Box 6216 Lakeland, FL 33807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Timothy Ingram 2011 Dekle Avenue Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jacqueline Bock PO Box 6216 Lakeland, FL 33807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zane Warner 41847 Via Balderama Temecula, CA 92592	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/2007 727 224
Date Daytime Phone # 8444