2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008111

FILED Feb 06, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2045 SAN MARCOS DR WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

2045 SAN MARCOS DR WINTER HAVEN, FL 33880

FEI Number: 20-8227110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TENAGLIA, RICHARD A CREATIVE ASSOCIATION SERVICES 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880 US TENAGLIA, RICHARD A C/O CREATIVE ASSOCIATION SERVICES 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880 US

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: 02/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 BOCK, WILLIAM
 Name:
 RHINEHART, CAROL

 Address:
 PO BOX 6216
 Address:
 250 AVENUE K SW, STE 100

 City-St-Zip:
 LAKELAND, FL 33807
 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: TD () Delete Title: T/S (X) Change () Addition Name: INGRAM, TIMOTHY Name: INGRAM, TIMOTHY

 Name:
 INGRAM, TIMOTHY
 Name:
 INGRAM, TIMOTHY

 Address:
 2011 DEKLE AVE
 Address:
 2011 DEKLE AVE

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33606

Title: S () Delete Title: VP (X) Change () Addition

 Name:
 BOCK, JACQUELINE
 Name:
 WAGNER, ZANE

 Address:
 PO BOX 6216
 Address:
 41847 VIA BALDERAMA

 City-St-Zip:
 LAKELAND, FL 33807
 City-St-Zip:
 TEMECULA, CA 92592

Title: D (X) Delete Title: () Change () Addition

WAGNER, ZANE
41847 VIA BALDERAMA
Address:
TEMECULA, CA 92592
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: CAROL RHINEHART P 02/06/2009