

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010084

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** PLANTATION OAKS VILLAGE CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8823 SAN JOSE BLVD SUITE 204  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8823 SAN JOSE BLVD SUITE 204  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 61-1573839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINSON, DONALD P  
8823 SAN JOSE BLVD SUITE 204  
JACKSONVILLE, FL 32217 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: DPT ( ) Delete  
Name: HINSON, DONALD P  
Address: 8823 SAN JOSE BLVD SUITE 204  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS ( ) Delete  
Name: HINSON, DARLENE C  
Address: 8823 SAN JOSE BLVD SUITE 204  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DV ( ) Delete  
Name: FOSHEE, J. PATE  
Address: 3621 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

**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: DONALD P. HINSON

DPT

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date