


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90182 022 ****70.00

DOCUMENT # N14503 1. Entity Name PLANTATION PINES LAND AND HOMEOWNERS ASSOCIATION, INC.																																																																																																																																																																																	
Principal Place of Business 100 PINWOODS ROAD ORMOND BCH., FL 32174			Mailing Address 100 PINWOODS ROAD ORMOND BCH., FL 32174																																																																																																																																																																														
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City & State		City & State																																																																																																																																																																															
Zip		Country		Zip																																																																																																																																																																													
6. Name and Address of Current Registered Agent BAUER, GERDA 254 PINE CONE DR 251 NO. RIDGE WOOD AVE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																													
Make check payable to Florida Department of State																																																																																																																																																																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Andrea Cosner</u> 4-4-05 386-676-1772																																																																																																																																																																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																																	

ATTACHMENT
N14503

50036079

☒ Addition

Title — Director

Name — Patti Tobias

Street Address —

City-St-Zip — Ormond Beach, FL 32174