

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14503

FILED  
Jul 02, 2006  
Secretary of State

**Entity Name:** PLANTATION PINES LAND AND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

100 PINEWOODS ROAD  
ORMOND BCH., FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

100 PINEWOODS ROAD  
ORMOND BCH., FL 32174

**New Mailing Address:**

**FEI Number:** 59-2655909      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BAUER, GERDA  
254 PINE CONE DR  
251 NO. RIDGE WOOD AVE  
ORMOND BEACH, FL 32174 US

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

PARTRIDGE, NANCY L  
3616 JACK PINE LN  
ORMOND BEACH, FL 32174 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: NANCY LEE PARTRIDGE

07/02/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EASTWOOD, CHERYL  
Address: 323 PINE CONE DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: COSNER, ANDREA  
Address: 415 PINE WOODS RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete  
Name: BENDLIN, BOB  
Address: 264 PINE WOOD RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: BURROWS, CHRISTINE  
Address: 279 PINE WOODS RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: HOELDTKE, GORDON  
Address: 190 PINE WOODS RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: KESSLER, RAY  
Address: 164 CONIFER LANE  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PARTRIDGE, NANCY L  
Address: 3616 JACK PINE LN  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: NANCY LEE PARTRIDGE

T

07/02/2006

Electronic Signature of Signing Officer or Director

Date