


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90155 014 \*\*\*\*61.25

<b>DOCUMENT # N17921</b> 1. Entity Name <b>THE PLANTATION WOODS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>899 WOODBRIDGE DR VENICE, FL 34293 US</b>			Mailing Address <b>899 WOODBRIDGE DR VENICE, FL 34293 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2775901</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ADVANCE MANAGEMENT, INC. 899 WOODBRIDGE DRIVE 899 WOODBRIDGE DRIVE VENICE, FL 34293</b>				7. Name and Address of New Registered Agent Name <b>SANDRA HOLTZMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 ADVANCED MANAGEMENT</b> <b>899 WOODBRIDGE DR</b> City <b>VENICE</b> FL <b>34293</b>	
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)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHOUP, ANN 899 WOODBRIDGE DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHOUP, ANN 899 WOODBRIDGE DR VENICE, FL 34293
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHOUP, ANN 899 WOODBRIDGE DR VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENDELL, JACK 899 WOODBRIDGE VENICE, FL 342936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WENDELL, JACK 899 WOODBRIDGE DR VENICE, FL 34293
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDELL, ROBERT 899 WOODBRIDGE DR. VENICE, FL 34293	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROSSE, DON 899 WOODBRIDGE DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENDELL, ROBERT 899 WOODBRIDGE DR. VENICE, FL 34293
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHRIMPE, MAUREEN 899 WOODBRIDGE DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, ROBERT 899 WOODBRIDGE DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMETZ, LUNETTE 899 WOODBRIDGE DR. VENICE, FL 34293
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, ROBERT 899 WOODBRIDGE DR VENICE, FL 34293	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, ROBERT 899 WOODBRIDGE DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, SUSAN 899 WOODBRIDGE DR. VENICE, FL 34293
<input type="checkbox"/> Change <input checked="" 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.			
<b>SIGNATURE:</b> _____ <b>Don GROSSE</b> 4/10/07 941-493-0287					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					