

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20036

FILED  
Apr 13, 2008  
Secretary of State

**Entity Name:** PLANTATION HARBOR POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1876 SW 53 AVENUE  
FORT LAUDERDALE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

1876 SW 53 AVENUE  
FORT LAUDERDALE, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0034676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLINTOCK, ANN  
1876 SW 53 AVENUE  
PLANTATION, FL 33317 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: TD ( ) Delete  
Name: LARSEN, MONTI  
Address: 1864 SW 53RD AVE.  
City-St-Zip: PLANTATION, FL 33317

Title: PD ( ) Delete  
Name: MCCLINTOCK, ANN  
Address: 1876 SW 53RD AVE.  
City-St-Zip: PLANTATION, FL 33317

Title: SD ( ) Delete  
Name: ERB, JEAN  
Address: 1860 SW 53 AVENUE  
City-St-Zip: PLANTATION, FL 33317

Title: VD ( ) Delete  
Name: PECK, PRIS  
Address: 1880 SW 53 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: D ( ) Delete  
Name: HAUN, ANGELA  
Address: 1840 SW 53 AVE  
City-St-Zip: PLANTATION, FL 33317

**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:

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: MONTI LARSEN

TD

04/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date