2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N20036

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: TD (X) Change ( ) Addition
Name: LARSEN, MONTI TREA
Address: 1864 SW 53RD AVE.
City-St-Zip: PLANTATION, FL 33317

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

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

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 TREA 04/19/2009

Electronic Signature of Signing Officer or Director — Date