

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 10, 2010
Secretary of State

DOCUMENT# N21047

Entity Name: PLANTATION COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**101 PARK PLACE BLVD., SUITE 2
KISSIMMEE, FL 34741 US**New Principal Place of Business:****Current Mailing Address:**101 PARK PLACE BLVD., SUITE 2
KISSIMMEE, FL 34741 US**New Mailing Address:****FEI Number:** 59-2835316**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ASSOCIATION MANAGEMENT GROUP OF CENTRAL
FLORIDA, INC.
101 PARK PLACE BLVD., SUITE 2
KISSIMMEE, FL 34741 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: P
Name: OMS, IVETTE
Address: 2353 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: ST
Name: FAJARDO-PRESTON, IRIS
Address: 2350 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: VP
Name: SANCHEZ, JEANNINE
Address: 3428 SUGAR MILL ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: SLADE, STEVE
Address: 2377 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

SIGNATURE: IVETTE OMS

P

11/10/2010

Electronic Signature of Signing Officer or Director

Date