

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90050 022 ****61.25

DOCUMENT # N25694

1. Entity Name

PLANTATION LANDINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

500 BUTLER BLVD
HAINES CITY FL 33844
US

Mailing Address

500 BUTLER BLVD.
HAINES CITY FL 33844
US

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2867127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLING, LEE JAY
500 MAITLAND AVENUE
STE-203
ALTAMONTE SPRINGS FL-32701

Name

Street Address (P.O. Box Number is Not Acceptable)

529 VERSAILLE DRIVE, SUITE 103

City

MAITLAND FL 32751 FL

Zip Code

32751

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHILDS, JAMES	
STREET ADDRESS	366 ASHLEY DR	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	YODER, JUDY	
STREET ADDRESS	5 OHARA DR	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POTTER, JUDY	
STREET ADDRESS	275 DIXIE CIRCLE	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DORENCAMPER, TOM	
STREET ADDRESS	365 ASHLEY DR	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CAROLINE	
STREET ADDRESS	206 DIXIE DR	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DENTON, WILLIAM	
STREET ADDRESS	117 MAGNOLIA LN	
CITY ST ZIP	HAINES CITY FL 33844	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNDY BERRY	
STREET ADDRESS	355 ASHLEY DRIVE	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIE BRETZ	
STREET ADDRESS	47 BUTLER BLVD	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA REED	
STREET ADDRESS	267 DIXIE DRIVE	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB POMERLEAU	
STREET ADDRESS	126 TARA LANE	
CITY ST ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-15-2007