2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N25694

Entity Name: PLANTATION LANDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 BUTTER BLVD
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

500 BUTLER BLVD.
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-2867127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLING, LEE JAY
529 VERSAILLE DR.
SUITE 103
MAITLAND, FL 32751 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: PD ( ) Delete
Name: CHILDS, JAMES
Address: 356 ASHLEY DR
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete
Name: BERRY, CYNTHIA
Address: 355 ASHLEY DR
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: POTTER, JUDY
Address: 275 DIXIE CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: VD ( ) Delete
Name: POMERLEAU, ROBERT
Address: 337 ASHLEY DR
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: JOHNSON, CAROLINE
Address: 206 DIXIE DR
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: DENTON, WILLIAM
Address: 117 MAGNOLIA LN
City-St-Zip: HAINES CITY, FL 33844

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:

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: JAMES CHILDS D 04/28/2009

Electronic Signature of Signing Officer or Director — Date