2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N30557

Entity Name: PLANTATION HOMEOWNERS ASSOCIATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MGMT.
265 AIRPORT ROAD S.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MGMT.
265 AIRPORT ROAD S.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0135969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R & P PROPERTY MGMT.
265 AIRPORT ROAD S.
NAPLES, FL 34104 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: KIGIN, C.M.
Address: 129 PLANTATION CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: VPD ( ) Delete
Name: MILLER, LINDA
Address: 7778 SAVANNA COURT
City-St-Zip: NAPLES, FL 34104

Title: STD ( ) Delete
Name: KELLER, JEANETTE
Address: 192 FURSE LAKES CIRCLE #H-8
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: KOPPENHAFER, FRED
Address: 113 PLANTATION CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: STD (X) Change ( ) Addition
Name: ROPPO, HANNA
Address: 174 PLANTATION CIRCLE
City-St-Zip: NAPLES, FL 34104

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: C.M. KIGIN PD 04/15/2008

Electronic Signature of Signing Officer or Director — Date