2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# N30557

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

Current Principal Place of Business:

%GULF BREEZE MGMT. SVCS., LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

%GULF BREEZE MGMT. SVCS., LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135

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

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS., LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135 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: VD
Name: FRIESE, ROGER
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD
Name: PATKOWA, DON
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD
Name: DEPOUW, THOMAS
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

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: THOMAS DEPOUW PRES 04/19/2012

Electronic Signature of Signing Officer or Director — Date