

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90280 003 ****61.25

DOCUMENT # N30649

1. Entity Name
**THE RESERVE AT THE PLANTATION HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**899 WOODBRIDGE DRIVE
VENICE, FL 34293**

Mailing Address
**899 WOODBRIDGE DRIVE
VENICE, FL 34293**



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0139686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOUGLASS, JESSICA E
ADVANCES MANAGEMENT INC
899 WOODBRIDGE DR
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25 —
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINLAN, DONALD 899 WOODBRIDGE DRIVE VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTUNG, ELIZABETH 899 WOODBRIDGE DRIVE VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, PATTI 899 WOODBRIDGE DRIVE VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WING, ROBERT 899 WOODBRIDGE DR VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert Wing Treasurer Robert Wing 4-11-06 941.443-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #