

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90127 036 \*\*\*\*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**

40045200



03212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0139686**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~BOUGLASS, 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME QUINLAN, DONALD  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE VPD  
NAME HARTUNG, ELIZABETH  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE SD  
NAME FISHER, PATTI  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE TD  
NAME WING, ROBERT  
STREET ADDRESS 899 WOODBRIDGE DR  
CITY-ST-ZIP VENICE, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DONALD QUINLAN**

**PRESIDENT**

**3/29/07**

**941.493.0287**