

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N30649

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



FILED

07 MAY 23 PM 1:07

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



Principal Place of Business
899 WOODBRIDGE DRIVE
VENICE, FL 34293

Mailing Address
899 WOODBRIDGE DRIVE
VENICE, FL 34293

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name **ADVANCED MANAGEMENT INC.**
Street Address (P.O. Box Number is Not Acceptable)
899 WOODBRIDGE DRIVE
City **VENICE** FL Zip Code **34293**

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]* **SANDRA HOLTZMAN, Agent** **5.10.07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **VPD James P. Phillips**
STREET ADDRESS **899 Woodbridge Dr.**
CITY-ST-ZIP **Venice FL 34293**

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

TITLE ☐ Change ☐ Addition
NAME **600103893146**
STREET ADDRESS **06/05/07--01010--012**
CITY-ST-ZIP ****61.25**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **ROBERT WING**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-07 941-443-0287
Date Daytime Phone #