

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30649

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

899 WOODBRIDGE DRIVE
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

899 WOODBRIDGE DRIVE
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0139686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT INC.
899 WOODBRIDGE DR
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SW FL INC
899 WOODBRIDGE DRIVE
VENICE, FL 34293 US

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: DOUGLAS WILSON

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FISHER, PATTI
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

Title: PD () Delete
Name: PHILLIPS, JAMES P
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: VPD () Delete
Name: DECKMAN, JOEL
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD () Change (X) Addition
Name: LANG, PAUL
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

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: PAUL LANG

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date