

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90315 017 \*\*\*\*61.25

**DOCUMENT # N32782**

1. Entity Name

PLANTATION RESIDENTS ORGANIZATION, INC.



Principal Place of Business

P.O. BOX 491544  
LEESBURG FL 34749-8544

Mailing Address

P.O. BOX 491544  
LEESBURG FL 34749-8544



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2957646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEWELL, STEPHEN  
907 WEBSTER  
LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 print name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LYLE	
STREET ADDRESS	4247 LEAFWAY CIR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEINGART, RAY	
STREET ADDRESS	3749 PLANTATION BLVD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANKS, JACKIE	
STREET ADDRESS	25221 WATERBRIDGE CT	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, TROY	
STREET ADDRESS	4904 SAWGRASS LAKE CIR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UHL, CHARLES	
STREET ADDRESS	26284 GLEN EAGLE DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, RON	
STREET ADDRESS	25236 WATERBRIDGE CT	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Gurany	
STREET ADDRESS	74313 Bella Medea Dr	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARA KERRA	
STREET ADDRESS	4618 Belle Grove	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	DBRRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES	
STREET ADDRESS	4742 SAWGRASS LAKE CR	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	millar Bill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	24827 Pine Hill	
STREET ADDRESS	Leesburg, FL 34748	
TITLE	KRASE GLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	25802 Bellevue	
STREET ADDRESS	Leesburg, FL 34748	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER RON	
STREET ADDRESS	25236 WATERBRIDGE CT	
CITY-ST-ZIP	Leesburg, FL 34748	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Mark G. Kenna*

4/12/06 352-728-6730