

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N32782

1. Entity Name
PLANTATION RESIDENTS ORGANIZATION, INC.



Principal Place of Business

**PLANTATION
LEESBURG, FL 34748**

Mailing Address

**P.O. BOX 542
OKAHUMPKA, FL 34762-0542**

DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP

CR2E037 (4/06)

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**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000841937
03/11/08 60007-025 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | VP |
| NAME | GURANY, BETTY |
| STREET ADDRESS | 24313 BELLA MEDE DR |
| CITY-ST-ZIP | LEESBURG, FL 34748 |
| TITLE | D |
| NAME | LANGE, BETHANY ANN |
| STREET ADDRESS | 4341 LEAFWAY CR. |
| CITY-ST-ZIP | LEESBURG, FL 34748 |
| TITLE | D |
| NAME | KENNA, MARK |
| STREET ADDRESS | 4618 BELLA GROVE |
| CITY-ST-ZIP | LEESBURG, FL 34788 |
| TITLE | SD |
| NAME | WILSON, TROY |
| STREET ADDRESS | 4904 SAWGRASS LAKE CIR |
| CITY-ST-ZIP | LEESBURG, FL 34748 |
| TITLE | D |
| NAME | DRUSE, CLEM |
| STREET ADDRESS | 25102 PINE HILL |
| CITY-ST-ZIP | LEESBURG, FL 34748 |
| TITLE | PD |
| NAME | TUCKER, RON |
| STREET ADDRESS | 25236 WATERBRIDGE CT |
| CITY-ST-ZIP | LEESBURG, FL 34748 |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK T. KENNA 2/2/08 357-728 6030