2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N34124

Entity Name: PLANTATION NEIGHBORHOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O EMMETT L. OWENS
501 PLANTATION RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

C/O EMMETT L. OWENS
501 PLANTATION RD
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 44-9227861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMMETT, OWENS L
501 PLANTATION ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIS, L L II
Address: 411 PLANTAION ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD ( ) Delete
Name: OWENS, EMMETT L
Address: 501 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: HARPER, GEORGE M
Address: 407 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: SMITH, WILLIAM C
Address: 416 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: MORSE, J.M.
Address: 504 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32303

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMMETT L. OWENS STD 04/27/2005

Electronic Signature of Signing Officer or Director — Date