2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35796



FILED

Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90148 014 ****61.25

LYNWOOD GLEN AT THE PLANTATION CONDOMINIUM

OWNERS	S ASSOCIATION, INC.				7				
Principal Place of Business 899 WOODBRIDGE DRIVE VENICE, FL 34293		Mailing Address 899 WOODBRIDGE DRIVE VENICE, FL 34293				ე ი ՊҬಌՈԲ	3		
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2. Principal Place of Business		3. Mailing Address		1	IIII OKUU LEULU LOULU OU	A BURN BURN BURN BURN BURN B	I BIIKBY DI 1801		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312006	Chg-NP	CR2E037 (11/05)		
City & State		City & State			4. FEI Number 65-0190	754	├	Applied For lot Applicable	
Zip	Country Zip		Соиг	ntry	5. Certificate of Status Desired		S8.75 Ac Fee Requir		
Name and Address of Current Registered Agent				A 1	7. Name and A	ddress of New R	legistered Agent		
DOUGLASS, JESSICA EAGENT AMI				Name					
899 WOODBRIDGE DR VENICE, FL 34293			Street Address		s (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
				City			FL Zip Co	de	
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 agen-	and title if applicable.	NOTE: Registered	Anent signature regul	ared when reinstating)		DATE		
		1					D-17 L		
	Filing Fee is \$61.25 9. Election C Due by May 1, 2006 Trust Fund								
	-	II	Campaign Fir nd Contributio		\$5.00 May Be Added to Fees		lake check payable ida Department of S		
10.	Due by May 1, 2006 OFFICERS AND DI	Trust Fur		on.	Added to Fees ADDITIONS/CHAP	Flor		State	
TITLE	OFFICERS AND DI	Trust Fur	11.	on	Added to Fees ADDITIONS/CHAP	Flor	ida Department of S	State	
 	Due by May 1, 2006 OFFICERS AND DI	Trust Fur RECTORS	11. TITLE NAME	on. Vf Pe	Added to Fees ADDITIONS/CHAP	Flor	HS AND DIRECTORS I	N 10	
TITLE NAME	OFFICERS AND DI VPD MARTELL, ALEX	Trust Fur RECTORS	11. TITLE NAME	T ADDRESS 8	Added to Fees ADDITIONS/CHAP	Flor	ida Department of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI VPD MARTELL, ALEX 899 WOODBRIDGE DRIVE VENICE, FL 34293 PD	Trust Fur RECTORS	11. TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP Y	Added to Fees ADDITIONS/CHAP ON LETS POWOOL ENDICE, F	Flor NGES TO OFFICE DN NAT DB ALD G L 342	RS AND DIRECTORS I Change	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VPD MARTELL, ALEX 899 WOODBRIDGE DRIVE VENICE, FL 34293 PD BARTLETT, FRED	Trust Fur	11. TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP Y	Added to Fees ADDITIONS/CHAP P.D. LETS P.D. WOOL ENDICE, F. D. HINNES.	Flor NGES TO OFFICE DN NAT DB ALD G L 342	RS AND DIRECTORS I Change	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI VPD MARTELL, ALEX 899 WOODBRIDGE DRIVE VENICE, FL 34293 PD	Trust Fur	11. TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP V	Added to Fees ADDITIONS/CHAP PLOTE PROPERTY ADDITIONS/CHAP ADDITIONS/CHAP	Flor JOES TO OFFICE NATIONAL DE LANGE ALDE	RS AND DIRECTORS I Change	State N 10 Addition	
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12. I hereby certify that the information supplied with this filling 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 otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-493