

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90068 005 ****61.25

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DOCUMENT # N36935	
1. Entity Name PLANTATION HOMES CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 463 TORREY PINES PT NAPLES, FL 34113	Mailing Address 463 TORREY PINES PT NAPLES, FL 34113
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2. Principal Place of Business - No P.O. Box # e/2 STERLING PROPERTY SERV.		3. Mailing Address STERLING PROPERTY SERV.	
Suite, Apt. #, etc. 27800 OLD 41 ROAD	Suite, Apt. #, etc. 27800 OLD 41 ROAD		
City & State BONITA SPRING, FL	City & State BONITA SPRING, FL		
Zip 34135	Country	Zip 34135	Country

03152007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0275735	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent FOREMAN, GEORGE 463 TORREY PINES PT NAPLES, FL 34113		7. Name and Address of New Registered Agent Name JOHN O'GORMAN Street Address (P.O. Box Number is Not Acceptable) 70 STERLING PROPERTY SERVICES 27800 OLD 41 ROAD City BONITA SPRING FL Zip Code 34135	
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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]*

3/28/07

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD3 CARSON, GAYLE 15116 ROYAL FERN COURT #0201 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERT MCCAUGHTRY 15095 ROYAL FERN COURT #200 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, ELIZABETH 15081 ROYAL FERN COURT # H-101 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAGLE, EUGENE 15084 ROYAL FERN CT. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOSEPH BISCEGLIA 15103 ROYAL FERN COURT #101 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, EDWARD 15113 ROYAL FERN COURT #100 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JAMES GLASS 15113 ROYAL FERN COURT #200 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, GEORGE 5067 TAMiami TRAIL E. NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUD COLBERT 15095 ROYAL FERN COURT #100 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, ROBERT 15087 ROYAL FERN COURT #J100 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07
Date

Daytime Phone #