2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
05-21-2007 90052 026 ****61.25

DOCUMENT # N38033

1. Entity Name
PLUM LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13149 PLUM LAKE CIRCLE CLERMONT, FL 34711	13149 PLUM LAKE CIRCLE CLERMONT, FL 34711

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04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3045737
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOSAKOWSKI, FRANK
13013 PLUM LAKE CIRCLE
CLERMONT, FL 34715

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	KOSAKOWSKI, FRANK
STREET ADDRESS	13013 PLUM LAKE CIRCLE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VPD
NAME	EASTER, KEN
STREET ADDRESS	13249 PLUM LAKE CIRCLE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	TD
NAME	GUMS, CHARLOTTE
STREET ADDRESS	13209 PLUM LAKE CIR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	SD
NAME	JAN Reither
STREET ADDRESS	13050 Plum Lk. Dr.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	George Middleton
STREET ADDRESS	13910 Plum Lake Cir.
CITY-ST-ZIP	CLERMONT, FL 34715
TITLE	D
NAME	MARVIN Isbell
STREET ADDRESS	13305 Plum Lk Cir.
CITY-ST-ZIP	CLERMONT, FL 34711

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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: F. Kosakowski Pres. 4-9-07 352-536-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #