

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 033 ****61.25

DOCUMENT # N38033

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



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

Mailing Address
**13149 PLUM LAKE CIRCLE
CLERMONT, FL 34711**

50000842



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3045737

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOSAKOWSKI, FRANK
13013 PLUM LAKE CIRCLE
CLERMONT, FL 34715**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

F. Kosakowski **F. KOSAKOWSKI, P.D.**

3-17-08

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KOSAKOWSKI, FRANK ☐ Delete
STREET ADDRESS 13013 PLUM LAKE CIRCLE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME EASTER, KEN
STREET ADDRESS 13249 PLUM LAKE CIRCLE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS Middleton, George
CITY-ST-ZIP 13010 PLUM LAKE CIRCLE
CLERMONT FL 34715

TITLE TD ☒ Delete
NAME GUMS, CHARLOTTE
STREET ADDRESS 13209 PLUM LAKE CIR
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Change ☐ Addition
NAME T.D.
STREET ADDRESS BASILE, Bernice
CITY-ST-ZIP 13301 PLUM LAKE CIR
CLERMONT FL 34715

TITLE SD ☒ Delete
NAME REIHER, JAN
STREET ADDRESS 13050 PLUM LAKE DR.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Change ☐ Addition
NAME S.D.
STREET ADDRESS REILLY-MORTON, KAREN
CITY-ST-ZIP 13202 PLUM LAKE CIRCLE
CLERMONT FL 34715

TITLE D ☒ Delete
NAME MIDDLETON, GEORGE
STREET ADDRESS 13010 PLUM LAKE DR.
CITY-ST-ZIP CLERMONT, FL 34715

TITLE ☒ Change ☐ Addition
NAME D.
STREET ADDRESS SHINN, Deborah
CITY-ST-ZIP 13127 PLUM LAKE DR.
CLERMONT FL 34715

TITLE D ☐ Delete
NAME ISBELL, MARVIN
STREET ADDRESS 13305 PLUM LAKE CIR.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **F. KOSAKOWSKI, PD**

3-17-08

352-536-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #