## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41050

FILED Apr 25, 2009 Secretary of State

Entity Name: PLANTATION VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
5208 SW 91ST SUITE D GAINESVILLE,		US					
Current Mailing Address:			N	New Mailing Address:			
5208 SW 91ST SUITE D GAINESVILLE,		US					
FEI Number: 59-3	070408	FEI Number Applied For ( )	FEI Numbe	er Not Applic	able ( )	Certificate of Status Desired ( )	
Name and Ad	dress of Cu	rrent Registered Agent:	N	ame and	Address of N	New Registered Agent:	
TRIPPE, PAT 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US The above named entity submits this statement for the purpose o				CONNER, SARAH AGENT 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US f changing its registered office or registered agent, or both,			
in the State of I							
SIGNATURE:		NNER, AGENT Signature of Registered Agent				04/25/2009 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Address: 82:	( ) C SSO, DAN 24 SW 16TH P INESVILLE, FL	L	Na Ad	tle: ame: ddress: ity-St-Zip:	( )	) Change ()Addition	
Address: PC	( ) D FIERI, MARK BOX 357732 INESVILLE, FI		Na Ad	ame: ddress:	T (X ALFIERI, MARI PO BOX 35773 GAINESVILLE,	32	
Address: 97	() C TES, MARILYN 34 SW 52ND R INESVILLE, FL	I OAD	Na Ad	ddress:	S (X KELSEY, JASO 5233 SW 97TH GAINESVILLE,	H WAY	
Title: Name: Address: City-St-Zip:	()	elete	Na Ad	ame: ddress:	DV ( ) WILLS, JOE 9760 SW 52NE GAINESVILLE,		
Title: Name: Address: City-St-Zip:	()□	elete	Na Ad		D ( ) LUCANSKY, KA 9778 SW 52NE GAINESVILLE,	D LANE	
Title: Name: Address: City-St-Zip:	( ) [	elete	Na Ad		D ( ) PARKER, BEVI 9751 SW 52NE GAINESVILLE,	D ROAD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DANIEL RUSSO PRES 04/25/2009