2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # N50737 1. Entity Name PLANTATION HOME OWNERS' ASSOCIATION, INC.						5-03-2004	•		
Principal Plac 8949 N.W. 9 PLANTATION	TH PLACE	Mailing Address 8949 N.W. 9TH PLACE PLANTATION, FL 3332	4 US						
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112004 Chg-NP CR2E037 (10/03)				
City & State		City & State		4. FEI Number 65-036858	4			plied For t Applicable	
Zip Country		Zip Country			5. Certificate of Status Desired See Required				
	6. Name and Address of Curre	nt Registered Agent	1 -		7. Name and Add	ress of New R			
ADA140 0	receive .		Name						
ADAMS, DANIEL L: 600 PETUNIA DR PLANTATION, FL 33317				Street Address (P.O. Box Number is Not Acceptable)					
I D WIAI	1014, 12 000 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
•			City				FL	Zip Code	•
SIGNATURE	Signature, typed or printed name of registered ap Filling Fee is \$61,25 Due by May 1, 2004	9. Election Carr Trust Fund C	Registered Agent signal npaign Financing contribution.	ture required	\$5.00 May Be Added to Fees		eate lake check ida Departn		
10.	OFFICERS AND		11.		ADDITIONS/CHANGI	S TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS	P RAMOS, ARNOLD	☐ Defete	TITLE					T3 ch	
CITY-ST-ZIP	5681 S.W. 9TH STREET PLANTATION, FL		NAME STREET ADDRESS CITY-ST-ZIP				'	Change	☐ Addition
=	Į	☐ Delete	NAME STREET ADDRESS					Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PLANTATION, FL V HOUSTON, JAMES E. 6201 BANYAN TERRACE PLANTAAATION, FL V HACKETT, PAM 8949 N.W. 9TH PLACE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						. <u></u>
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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 jike empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(954) 472-3829 Davisne Phone #