


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 018 ****61.25

DOCUMENT # N94000001377	
1. Entity Name PLANTATION VISTA PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 5339 PLANTATION VISTA WAY LAKELAND FL 33813 US	Mailing Address PO BOX 1263 HIGHLAND CITY FL 33846 US
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2. Principal Place of Business P.O. Box 1263	3. Mailing Address P.O. Box 1263
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Highland City FL	City & State FL
Zip 33846	Country US

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3229943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSH, KATHRINE E 5359 PLANTATION VISTA WAY LAKELAND FL 33813	
7. Name and Address of New Registered Agent Name Gail Coker Street Address (P.O. Box Number is Not Acceptable) 2104 Clubhouse Road City Lakeland FL Zip Code 33813	

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 *Gail Coker* (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	PD OLDS, JAMES 5340 PLANTATION VISTA WAY LAKELAND FL 33813 <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	VTD RUSH, KATHRINE E 5359 PLANTATION VISTA WAY LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer / Director Patricia Cavallero 2004 Clubhouse Road Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MERCEDEZ, ALBOR 2010 CLUB HOUSE RD LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPI Director / Secretary Gail Coker 2104 Clubhouse Road Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input 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 Section 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: *Gail Coker* *Gail Coker* 06 March 06 863-644-1644