

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005069

1. Entity Name
THE PLATEAU HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1630 VIRGINIA LEE CR
BROOKSVILLE, FL 34602**

Mailing Address
**P.O. BOX 602
BROOKSVILLE, FL 34605**



02092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3352164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIDLETON, SCOT
1630 VIRGINIA LEE CIRCLE
BROOKSVILLE, FL 34602**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIDDLETON, SCOT
STREET ADDRESS	1630 VIRGINIA LEE CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	VO
NAME	WAGNER, JOHN
STREET ADDRESS	2065 VIRGINIA LEE CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	T
NAME	DANKER, JOHN
STREET ADDRESS	1671 VIRGINIA LEE CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	S
NAME	WOLFF, CHRISTINE
STREET ADDRESS	2005 VIRGINIA LEE CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000508362
04/27/06-80099-024 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOT MIDDLETON

4/8/2006

813-731-5688

Daytime Phone #