

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90095 006 \*\*\*\*61.25

**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

60003271



01152007 No Chg-NP

CR2E037 (4/06)

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 VD  
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

**DO NOT WRITE  
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

1/15/07

352-583-4611