
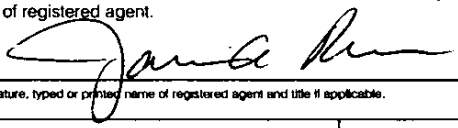
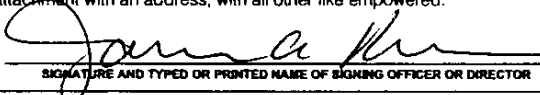


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90170 041 ****61.25

DOCUMENT # N96000001523					
1. Entity Name PLANTATION RIDGE HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC.					
Principal Place of Business 142 S. 19TH CIRCLE S.W. VERO BEACH, FL 32962			Mailing Address P.O. BOX 651412 VERO BEACH, FL 32965		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS, JAMES 142 S 19TH CIRCLE SW VERO BEACH, FL 32962			Name Street Address (P.O. Box Number is not acceptable) City		
FL			Zip Code		
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:  DATE: 04/21/07					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, JAMES A 142 S.19TH CIRCLE SW VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSHER, EDWARD 121 N. 19TH CIR. S.W. VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timothy J. Geib 129 S. 19th Circle SW Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANG, JEANINE 136 S. 19TH CIR. S.W. VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERO, SAL 115 N. 19TH CIRCLE SW VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWISS, JODY 107 N. 19TH CIRCLE S.W. VERO BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUBAKER, HARRY 144 N. 19 CR., S.W. VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aline Brubaker 144 N. 19th CR. SW. Vero Beach, FL 32962
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:  DATE: 04/21/07 772-633-0771					
Signature and typed or printed name of signing officer or director					

40080110



04222007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is not acceptable)

City FL Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROSS, JAMES A
142 S.19TH CIRCLE SW
VERO BEACH, FL 32962

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MOSHER, EDWARD
121 N. 19TH CIR. S.W.
VERO BEACH, FL 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Timothy J. Geib
129 S. 19th Circle SW
Vero Beach, FL 32962

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LANG, JEANINE
136 S. 19TH CIR. S.W.
VERO BEACH, FL 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
PERO, SAL
115 N. 19TH CIRCLE SW
VERO BEACH, FL 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SWISS, JODY
107 N. 19TH CIRCLE S.W.
VERO BEACH, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BRUBAKER, HARRY
144 N. 19 CR., S.W.
VERO BEACH, FL 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Aline Brubaker
144 N. 19th CR. SW.
Vero Beach, FL 32962

☒ Change ☐ Addition

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:



04/21/07 772-633-0771

Date

Daytime Phone #

Signature and typed or printed name of signing officer or director