2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001523

FILED Apr 26, 2008 Secretary of State

Entity Name: PLANTATION RIDGE HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 142 S. 19TH CIRCLE S.W. VERO BEACH, FL 32962 **Current Mailing Address: New Mailing Address:** P.O. BOX 651412 VERO BEACH, FL 32965 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSS, JAMES 142 S 19TH CIRCLE SW VERO BEACH, FL 32962 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROSS, JAMES A ROSS, JAMES A Name: Name: 142 S.19TH CIRCLE SW Address: 142 S.19TH CIRCLE SW Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962 Title: SD Title: (X) Change () Addition () Delete GEIB, TIMOTHY J Name: SANDFORD, ROBERT Name: Address: 129 S 19TH CIR SW Address: 114 N 19TH CIR SW City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962 Title: TD () Delete Title: () Change () Addition LANG, JEANINE Name: Name: Address: 136 S. 19TH CIR. S.W. Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: () Delete Title: VD Title: VD (X) Change () Addition Name: PERO, SAL Name: WEST, DEBRA 115 N. 19TH CIRCLE SW Address: Address: 113 N. 19TH CIRCLE SW City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962 Title: () Delete Title: (X) Change () Addition SWISS, JODY LANG, SCOTT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JAMES A. ROSS SD 04/26/2008

107 N. 19TH CIRCLE S.W.

() Delete

VERO BEACH, FL

BRUBAKER, ALINE

144 N. 19 CR., S.W

VERO BEACH, FL 32962

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

136 N. 19TH CIRCLE S.W.

() Change () Addition

VERO BEACH, FL 32962