

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006541	
1. Entity Name PLANTATION OAKS PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 398 OCALA, FL 34478 US	Mailing Address P.O. BOX 398 OCALA, FL 34478 US
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01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3727133	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACKENZIE, F.D.H. JR 821 S.E. 16TH PLACE OCALA, FL 34471
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**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 _____ (NOTE: Registered Agent signature required when remitting) 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 NAME STREET ADDRESS CITY-ST-ZIP	STD SHEPHERD, GLEN 821 SE 16TH PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKENZIE, FDH JR 821 SE 16TH PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDNIANYN, JOHN 101 NE 1ST AVENUE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACCOLLA, RICHARD 12300 NW 115TH STREET OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80005-016 61.25

**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 all address with all other like empowered.

SIGNATURE:  **FRES/DIRECTOR F.D.H. MACKENZIE** 1/13/06 352-622-4215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #