2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N97000006541

Entity Name: PLANTATION OAKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 398
OCALA, FL 34478 US

New Principal Place of Business:

821 SE 16TH PLACE
OCALA, FL 34471 US

Current Mailing Address:

P.O. BOX 398
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3727133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKENZIE, F.D.H. JR
821 S.E. 16TH PLACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Title: STD ( ) Delete
Name: SHEPHERD, GLEN
Address: 821 SE 16TH PLACE
City-St-Zip: OCALA, FL 34471 US

Title: PD ( ) Delete
Name: MACKENZIE, FDH JR
Address: 821 SE 16TH PLACE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: RUDNIANYN, JOHN
Address: 101 NE 1ST AVENUE
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: ACCOLLA, RICHARD
Address: 12300 NW 115TH STREET
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: F.D.H. MACKENZIE, JR. PD 04/16/2007

Electronic Signature of Signing Officer or Director — Date