

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90305 029 \*\*\*\*61.25

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04252005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N98000001322</b>					
<b>1. Entity Name</b> PLANTATION ESTATES OWNERSHIP ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5819 SW 99TH ST GAINESVILLE, FL 32608			<b>Mailing Address</b> 5819 SW 99TH ST GAINESVILLE, FL 32608		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WOODYARD, CHRIS 5819 SW 99TH ST GAINESVILLE, FL 32608			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> SPEISMAN, MICHAEL <input checked="" type="checkbox"/> Delete 8815 SW 99TH ST GAINESVILLE, FL 32608		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> MIKE RYWANT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5807 SW 103RD ST. GAINESVILLE, FL 32608	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>V</b> RYWANT, MIKE <input checked="" type="checkbox"/> Delete 5807 SW 103RD ST GAINESVILLE, FL 32608		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>V</b> JAMES PITTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6304 SW 95TH ST GAINESVILLE, FL 32608	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> AMARIN, DEBRA <input type="checkbox"/> Delete 9925 SW 61 AVE GAINESVILLE, FL 32608		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> DEBRA AMIRIN <input type="checkbox"/> Change <input type="checkbox"/> Addition 9925 SW 61 AVE GAINESVILLE, FL 32608	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> WOODYARD, CHRIS <input type="checkbox"/> Delete 5819 SW 99TH ST GAINESVILLE, FL 32608		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> CHRIS WOODYARD <input type="checkbox"/> Change <input type="checkbox"/> Addition 5819 SW 99TH ST GAINESVILLE, FL 32608	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Chris Woodyard</u> <b>CHRIS WOODYARD</b> 4/25/2005 (352) 3370015 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					