


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90195 007 ****61.25

DOCUMENT # N98000001322	
1. Entity Name PLANTATION ESTATES OWNERSHIP ASSOCIATION, INC.	

Principal Place of Business 5819 SW 99TH ST GAINESVILLE, FL 32608	Mailing Address 5819 SW 99TH ST GAINESVILLE, FL 32608
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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

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WOODYARD, CHRIS 5819 SW 99TH ST GAINESVILLE, FL 32608	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
P PITTS, JAMES 6304 SW 95TH ST GAINESVILLE, FL 32608	
V SUMMERS, TOM 5808 SW 95TH ST GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete
S AMARIN, DEBRA 9925 SW 61 AVE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete
T WOODYARD, CHRIS 5819 SW 99TH ST GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P Summers, Tom 5808 SW 95th St. GAINESVILLE FL 32608	
V Kalishman, Steve 9278 SW 61st Ave. GAINESVILLE, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S Amarin, Debra 9925 SW 61st Ave. GAINESVILLE, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T WOODYARD CHRIS 5819 SW 99th St. GAINESVILLE FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> 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: Chris Woodyard 4/24/07 (352) 337-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #