

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001322

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** PLANTATION ESTATES OWNERSHIP ASSOCIATION, INC.

**Current Principal Place of Business:**

5819 SW 99TH ST  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

10127 SW 61ST AVE  
GAINESVILLE, FL 32608 US

**Current Mailing Address:**

5819 SW 99TH ST  
GAINESVILLE, FL 32608

**New Mailing Address:**

10127 SW 61ST AVE  
GAINESVILLE, FL 32608 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODYARD, CHRIS  
5819 SW 99TH ST  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

ADAMS, NEAL  
10127 SW 61ST AVE  
GAINESVILLE, FL 32608 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: NEAL ADAMS

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KALISHMAN, STEVE  
Address: 9278 SW 61ST AVE.  
City-St-Zip: GAINESVILLE, FL 32608

Title: V ( ) Delete  
Name: ADAMS, NEAL  
Address: 10127 SW 61ST AVE.  
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete  
Name: AMARIN, DEBRA  
Address: 9925 SW 61ST AVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: WOODYARD, CHRIS  
Address: 5819 SW 99TH ST.  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: ADAMS, NEAL  
Address: 10127 SW 61ST AVE.  
City-St-Zip: GAINESVILLE, FL 32608

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

Title: V (X) Change ( ) Addition  
Name: WOODYARD, CHRIS  
Address: 5819 SW 99TH ST.  
City-St-Zip: GAINESVILLE, FL 32608

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.

SIGNATURE: NEAL ADAMS

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date