2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N98000002280



FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90024 046 ****61.25

PLANTAT	TION BAY	Y HOMEOWNER	RS' ASSO	CIATION, INC	;. 						
786 SOUTH ORANGE AVENUE 786				iting Address 66 South Orange Avenue Rasota, FL 34236							
Principal Place of Business - No P.O. Box # 3. Mai				ailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			02202008	Chg-NP	CR2E03	7 (12/06)	
City & Stat	te	· · · · · · · · · · · · · · · · · · ·	Cit	City & State			4. FEI Number 65-0914			}—	plied For t Applicable
Zip		Country	Zip		Coun	itry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require	litional d
	6. Name	and Address of Curre	ınt Registere	d Agent			7. Name and /	Address of New F	tegistered A	gent	
		··				- Name					
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ON MOO!	7,12 3-2				-	City		,	FL	Zip Code	е
		y submits this statemen	t for the purp	ose of changing its	registered	d office or regist	tered agent, or both	, in the State of Fi		amiliar with,	and accept
the obligat	tions of regist	tered agent.									
SIGNATURE											
	Filing Fe	e is \$61.25		9. Election Carr			\$5.00 May Be		lake check		
	_	e is \$61.25 fay 1, 2008		9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees		lake check ida Depart		
10.	Due by N		DIRECTORS				\$5.00 May Be Added to Fees ADDITIONS/CHA	Flor	ida Depart	ment of St	zate
TITLE	Due by N	OFFICERS AND	DIRECTORS		11.	in. 🗆	Added to Fees	Flor	ida Depart	ment of St	zate
TITLE	Due by N	RIEDRICH	DIRECTORS	Trust Fund C	11. TITLE	in. 🗆	Added to Fees	Flor	ida Depart	ment of St	ate 10
TITLE NAME STREET ADDRESS	Due by N D MAYR, FI 786 S. Of	OFFICERS AND RIEDRICH RANGE AVENUE	DIRECTORS	Trust Fund C	11. TITLE NAME STREET	TADDRESS	Added to Fees	Flor	ida Depart	ment of St	ate 10
TITLE	D MAYR, FF 786 S. OF SARASO	RIEDRICH	DIRECTORS	Trust Fund C	11. TITLE	TADDRESS	Added to Fees	Flor	ida Depart	ECTORS IN	10 Addition
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12. I hereby certify that the information supplied with this filling 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 eath; 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:	+. Illow Por	ec.	3-31-08	941-951-6222	
	SIGNATURE AND TYPED OR PRINTED HAME O	F SIGNING OFFICER OR DIRECTOR	Deta	Deytime Phone #	