

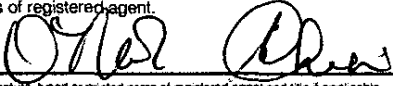
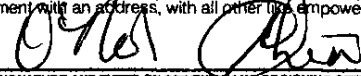


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90020 041 ****61.25

DOCUMENT # N98000004195 1. Entity Name PLANTATION PARK EAST HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 4670 N.W. 4TH COURT PLANTATION, FL 33317 US			Mailing Address 4670 N.W. 4TH COURT PLANTATION, FL 33317 US		
2. Principal Place of Business 4857 NW 7th Court Suite, Apt. #, etc.		3. Mailing Address 4857 NW 7th Court Suite, Apt. #, etc.			
City & State PLANTATION, FL		City & State PLANTATION, FL		4. FEI Number 65-1022199	
Zip 33317		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, SHIRLEY D 4670 N.W. 4TH COURT PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name Chin, O'neil Street Address (P.O. Box Number is Not Acceptable) 4857 N.W. 7th Court City Plantation FL Zip Code 33317		
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  DATE 3/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, SHIRLEY D 4670 N.W. 4TH COURT PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chin, O'neil 4857 N.W. 7th Court Plantation FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIN, O'NEAL 4857 N.W. 7TH COURT PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Scott, Lloyd 4541 N.W. 4th Ct Plantation FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRACEY, SANDRA 471 NW 48TH AVENUE PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Conklin, Dennis 4581 N.W. 6th Court Plantation FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEPBURN, YVONNE 4896 NW 5TH STREET PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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 officers empowered.					
SIGNATURE: 			Date 3/29/04 Daytime Phone # 954 584 5072		