## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004195

FILED Apr 16, 2007 Secretary of State

Entity Name: PLANTATION PARK EAST HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business: New Principal Place of Business:** 4857 NW 7TH COURT PLANTATION, FL 33317 US **Current Mailing Address: New Mailing Address:** PO BOX 121086 FORT LAUDERDALE, FL 33312 US FEI Number: 65-1022199 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIN, O'NEIL O'NEIL, CHIN 4857 N.W. 7TH COURT 4857 N.W. 7TH COURT PLANTATION, FL 33317 PLANTATION, FL 33317 US 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: O'NEIL CHIN 04/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition ONEIL, CHIN CHIN, O'NEIL Name: Name: 4857 N.W. 7TH COURT Address: 4857 N.W. 7TH COURT Address: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, STAN Name: Name: Address: 4891 NW 6TH ST Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition GRACEY, SANDRA Name: Name: 471 NW 48TH AVENUE Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: STAHLI, ROLF Name: Address: 4724 NW 3RD CT Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition NASH, YVONNE Name: Name: 4896 NW 5TH CT Address: Address: City-St-Zip: City-St-Zip: PLANTATION, FL 33317 Title: () Delete Title: ( ) Change (X) Addition GUNISS, DONNA Name: Name: Address: Address: 4848 NW 7TH CT PLANTATION, FL 33317 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA GRACEY T 04/16/2007