

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004195

FILED
Apr 27, 2008
Secretary of State

Entity Name: PLANTATION PARK EAST HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

4857 NW 7TH COURT
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 121086
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-1022199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN, O'NEIL
4857 N.W. 7TH COURT
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHIN, O'NEIL
Address: 4857 N.W. 7TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: JOHNSON, STAN
Address: 4891 NW 6TH ST
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: GRACEY, SANDRA
Address: 471 NW 48TH AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: STAHLI, ROLF
Address: 4724 NW 3RD CT
City-St-Zip: PLANTATION, FL 33317

Title: S () Delete
Name: NASH, YVONNE
Address: 4896 NW 5TH CT
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: GUNISS, DONNA
Address: 4848 NW 7TH CT
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DRISDOM, JOSEPH
Address: 4520 NW 6TH COURT
City-St-Zip: PLANTATION, FL 33317

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

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

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

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

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: SANDRA GRACEY

Electronic Signature of Signing Officer or Director

T

04/27/2008

Date