


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

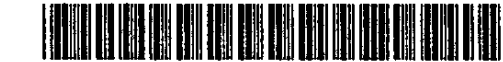
FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 003 ****70.00

DOCUMENT # N99000001757	
1. Entity Name PLANTATION OAKS MOBILE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 315 ABYHARA AVENUE SEFFNER, FL 33584	Mailing Address 315 ABYHARA AVENUE SEFFNER, FL 33584
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



03012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3585065		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, KELLY		NAME	Bowman, Kelly			
STREET ADDRESS	315 ABYHARA AVENUE		STREET ADDRESS	128 ALAFARA ST.			
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	Seffner, FL 33584			
TITLE	VPO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JORDON, JOHN		NAME				
STREET ADDRESS	128 ALAFARA STREET		STREET ADDRESS				
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, SANDRA		NAME				
STREET ADDRESS	315 ABYHARA AVENUE		STREET ADDRESS				
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAMONT, DONALD		NAME				
STREET ADDRESS	128 ALAFARA ST		STREET ADDRESS				
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBSON, BETTY		NAME				
STREET ADDRESS	118 ALAFARA AVE		STREET ADDRESS				
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAMONT, CHARLOTTE		NAME				
STREET ADDRESS	128 ALAFARA ST.		STREET ADDRESS				
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP				

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 like empowered.

SIGNATURE: Sandra Bowman 3-1-05 813-661-6013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #