

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001757

FILED
Aug 29, 2008
Secretary of State

Entity Name: PLANTATION OAKS MOBILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

409 ALASTAR CIR
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

310 ABYHARA DR
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3585065 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLLIER, ROGER
409 ALASTAR CIR
SEFFNER, FL 33584 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: PD () Delete
Name: VEST, JIM
Address: 310 ABYHARA DR
City-St-Zip: SEFFNER, FL 33584

Title: VPD () Delete
Name: COLLIER, ROGER
Address: 409 ALASTAR CIR
City-St-Zip: SEFFNER, FL 33584

Title: SD () Delete
Name: COLEMAN, JUDY
Address: 318 ABYHARA DR
City-St-Zip: SEFFNER, FL 33584

Title: TD () Delete
Name: SANCHEZ, HELEN
Address: 318 ABYHARA DR
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: ROSEN, CARL
Address: 107 ALAFARA ST
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: LAMONT, DON
Address: 128 ALAFARA ST
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: COLEMAN, JUDY
Address: 318 ABYHARA AVE
City-St-Zip: SEFFNER, FL 33584

Title: TD (X) Change () Addition
Name: SANCHEZ, HELEN R
Address: 322 ABYHARA AVE
City-St-Zip: SEFFNER, FL 33584

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: HELEN SANCHEZ

TD

08/29/2008

Electronic Signature of Signing Officer or Director

Date