2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N99000005106

Entity Name: PLYMOUTH LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3599487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, BRETT M
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: CAMPBELL, JUSTIN
Address: 1061 DEKLEVA DRIVE
City-St-Zip: APOPKA, FL 32712

Title: STD ( ) Delete
Name: MORRIS, JOAN
Address: 1182 MORRIS STREET
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: JONES, JERRY
Address: 2654 SPANGLER STREET
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHARP, DONALD
Address: 750 RIVER ROCK BLVD
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: JONES, JERRY
Address: 1182 DEKLEVA DR
City-St-Zip: APOPKA, FL 32712

Title: STD (X) Change ( ) Addition
Name: MANISON, HOWARD
Address: 934 DON WILSON
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Change (X) Addition
Name: BALL, SHARON
Address: 818 HILLY BEND DR
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Change (X) Addition
Name: BUCHANAN, LEE
Address: 918 DON WILSON AVE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD SHARP PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date