2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005106

FILED Apr 24, 2008 Secretary of State

Entity Name: PLYMOUTH LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

882 JACKSON AVENUE 6220 S. ORANGE BLOSSOM TRAIL

WINTER PARK, FL 32789 SUITE 105

ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

882 JACKSON AVENUE 6220 S. ORANGE BLOSSOM TRAIL

WINTER PARK, FL 32789 SUITE 105

ORLANDO, FL 32809

FEI Number: 59-3599487 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:

BRACKIN, ANDREA L KLOSTERMAN, STEPHEN R 882 JACKSON AVENUE KLOSTERMAN, STEPHEN R 6220 S. ORANGE BLOSSOM TRAIL

WINTER PARK, FL 32789 US SUITE 105
ORLANDO, FL 32809 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: S.R. KLOSTERMAN 04/24/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: S/D () Delete Title: VP/D (X) Change () Addition

 Name:
 ORTON, YVONNE
 Name:
 ORTON, YVONNE

 Address:
 2651 AMSLER ST.
 Address:
 2651 AMSLER ST.

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:
 APOPKA, FL 32712

Title: PD () Delete Title: D (X) Change () Addition

 Name:
 JONES, JERRY
 Name:
 JONES, JERRY

 Address:
 1182 DEKLEVA DR
 Address:
 1182 DEKLEVA DR

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:
 APOPKA, FL 32712

 Name:
 JONES, DUANE

 Address:
 1014 DEKLEVA DR

 City-St-Zip:
 APOPKA, FL 32712

 Name:
 JONES, DUANE

 Address:
 1014 DEKLEVA DR

 City-St-Zip:
 APOPKA, FL 32712

Title: VP/D () Delete Title: T/D (X) Change () Addition

 Name:
 MAC ADAM, ROBERT
 Name:
 MAC ADAM, ROBERT

 Address:
 1174 DEKLEVA DR
 Address:
 1174 DEKLEVA DR

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:
 APOPKA, FL 32712

Title: () Delete Title: DS () Change (X) Addition

 Name:
 Name:
 WISECUP, DEBRA

 Address:
 Address:
 807 LEONORE LANE

 City-St-Zip:
 City-St-Zip:
 APOPKA, FL 32712

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: DUANE JONES PD 04/24/2008