

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000029514

1. Entity Name
PLANTATION OAKS G C, INC.



Principal Place of Business
**11400 TURKEY CREEK BLVD
ALACHUA, FL 32615**

Mailing Address
**11400 TURKEY CREEK BLVD
ALACHUA, FL 32615**

DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3632555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOPE, A. BICE ESQ.
408 WEST UNIVERSITY AVE., STE. 406
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000869360
04/09/08-80046-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, JOHN W., JR.
STREET ADDRESS	11400 TURKEY CREEK BLVD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	VPD
NAME	BERGDOLL, ROBERT G.
STREET ADDRESS	11400 TURKEY CREEK BLVD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	SD
NAME	SMITH, ATHENA M.
STREET ADDRESS	11400 TURKEY CREEK BLVD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer, director, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with an address, with or other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

386-462-4

Daytime Phone