

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000029514

Entity Name: PLANTATION OAKS G C, INC.

FILED
Oct 07, 2009
Secretary of State

Current Principal Place of Business:

11400 TURKEY CREEK BLVD
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

11400 TURKEY CREEK BLVD
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3632555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SMITH, WALTER
11206 NW 61ST TERR
ALACHUA, FL 32615 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: WALTER SMITH

10/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JOHN W.,JR.
Address: 11400 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL 32615

Title: VPD () Delete
Name: BERGDOLL, ROBERT G.
Address: 11400 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL 32615

Title: SD () Delete
Name: SMITH, ATHENA M.
Address: 11400 TURKEY CREEK BLVD
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATHENA M SMITH

SD

10/07/2009

Electronic Signature of Signing Officer or Director

Date