

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000020150

FILED
Apr 18, 2003
Secretary of State

Entity Name: PLANTATION OAKS OF FLAGLER, INC.

Current Principal Place of Business:

1 PLANTATION OAKS BLVD
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1290
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 59-3371771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYNCHENBERG, PARKER
1729 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MYNCHENBERG, PARKER K
Address: 1729 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: DVP () Delete
Name: BLEDSOE, JAMES
Address: 952B BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32121

Title: DVP () Delete
Name: BLEDSOE, LORE L
Address: 952B BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32121

Title: VST () Delete
Name: CARLSON, DONNA
Address: 1729 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MYNCHENBERG, PARKER K
Address: 1729 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: DVP (X) Change () Addition
Name: BLEDSOE, JAMES
Address: 144 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVP (X) Change () Addition
Name: BLEDSOE, LORE L
Address: 144 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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

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

SIGNATURE: DONNA CARLSON

VST

04/18/2003

Electronic Signature of Signing Officer or Director

Date