

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 032 ***150.00

DOCUMENT #

1. Entity Name

P99000016293

JOHN'S PLANT SHOP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5050 PETERS ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

4. FEI Number

65-0905706

Applied For

Not Applicable

Zip
33317

Country
BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN WNUKOWSKI

Street Address (P.O. Box Number is Not Acceptable)

5050 PETERS ROAD

City

PLANTATION

FL

Zip Code

33317

**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.

SIGNATURE

APR 20 2007

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR JOHN WNUKOWSKI 5050 PETERS ROAD PLANTATION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES. / DIRECTOR IRENE WNUKOWSKI 5050 PETERS ROAD PLANTATION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC'T/TREASURER EDWARD WNUKOWSKI 5181 SW 14th COURT PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

JOHN WNUKOWSKI

PRES

DATE

APR 20 2007

954-587-4477

Outline Phone #

CR2E034B (12/01)

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

CONT. 2

DOCUMENT # <u>NO1000005143</u>	
1. Entity Name <u>AQUARINA RESIDENTS ASSOCIATION</u> <u>IN</u>	

DO NOT WRITE IN THIS SPACE

ATTACHMENT

40084869

CR2E037B (8/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Also Acceptable)	
City	FL Zip Code

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 this agent, agent, and date of appointment

DATE: If agent is not a resident of Florida, signature and address of agent must be provided

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANAWALT, MARGIE 240 HAMMOCK SHORE DR MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMONET, RICHARD 825 AQUARINA BLVD MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAYDOS, CHARLES 915 LAS VILLAS MELBOURNE BEACH, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(b) 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Hansen, TREAS., 4/15/07