

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738828 (3)

1. Corporation Name

PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

317 NORTH DR. (ISLAMORADA FL 33036)
P.O. BOX 1297
TAVERNIER FL 33070

317 NORTH DR. (ISLAMORADA FL 33036)
P.O. BOX 1297
TAVERNIER FL 33070

3. Date Incorporated or Qualified

04/22/1977

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 305 NORTH DRIVE

22 ISLAMORADA FL

23 City & State

24 Zip 33036

25 Country MONROE

2a. Mailing Address

26 305 NORTH DRIVE

27 ISLAMORADA FL

28 City & State

29 Zip 33036

30 Country MONROE

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BIBLE, JAMES T.
317 NORTH DR.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name ANGEL CORTINA, JR.

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

305 NORTH DRIVE

83 ISLAMORADA FL 33036

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

ANGEL CORTINA, JR. 4-25-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WIGHTMAN, CHARLES

STREET ADDRESS 115 SOUTH DRIVE

CITY-ST-ZIP ISLAMORADA FL

TITLE D ☐ DELETE

NAME BOHANNON

STREET ADDRESS 112 SOUTH DRIVE

CITY-ST-ZIP ISLAMORADA FL

TITLE VPD ☐ DELETE

NAME WRIGHT, CARL

STREET ADDRESS 201 HARBOR DR.

CITY-ST-ZIP ISLAMORADA FL

TITLE DST ☒ DELETE

NAME BIBLE, DONNA

STREET ADDRESS 317 NORTH DR.

CITY-ST-ZIP ISLAMORADA FL

TITLE D ☐ DELETE

NAME SHEETS, EDWARD

STREET ADDRESS 313 NORTH DR

CITY-ST-ZIP ISLAMORADA FL

TITLE D ☐ DELETE

NAME CORTINA, ANGEL JR.

STREET ADDRESS 305 NORTH DR

CITY-ST-ZIP ISLAMORADA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

HOWARD SOHN - DIRECTOR
309 NORTH DRIVE
ISLAMORADA, FL 33036

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANGEL CORTINA JR. 4/25/98

CR2E037 (10/97)