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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # 738828**

1. Corporation Name

**PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**305 NORTH DR  
ISLAMORADA FL 33036  
US**

Mailing Address

**305 NORTH DR  
ISLAMORADA FL 33036  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**04/22/1977**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**CORTINA, ANGEL J  
305 NORTH DR  
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**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 this statement for the purpose of changing its registered office 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

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 ☐ DELETE

NAME **P WIGHTMAN, CHARLES**

STREET ADDRESS **115 SOUTH DRIVE**

CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **D BOHANNON, LARRY**

STREET ADDRESS **112 SOUTH DRIVE**

CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **VPD WRIGHT, CARL**

STREET ADDRESS **201 HARBOR DR.**

CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **D SOHN, HOWARD**

STREET ADDRESS **309 NORTH DR**

CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **D SHEETS, EDWARD**

STREET ADDRESS **313 NORTH DR**

CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **D CORTINA, ANGEL J**

STREET ADDRESS **305 NORTH DR**

CITY-ST-ZIP **ISLAMORADA FL 33036**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D RICHARD MULLINS**

1.2 STREET ADDRESS **109 SOUTH DRIVE**

1.3 CITY-ST-ZIP **ISLAMORADA, FL 33036**

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition

NAME **LARRY**

2.2 STREET ADDRESS **FIRST NAME**

2.3 CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**ANGEL J. CORTINA** *Angel J. Cortina* **1/27/99** **305** **33036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)