

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **742229** (8)

1. Corporation Name

**PLANTATION TENNIS VILLAS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
1915 N.E. RICOU TERRACE JENSEN BEACH 34957	1915 N.E. RICOU TERRACE JENSEN BEACH 34957

3. Date Incorporated or Qualified <b>03/28/1978</b>	3a. Date of Last Report <b>02/17/1995</b>
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1907801</b>	Applied For <input type="checkbox"/>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>JANSSEN, AL</b> 1915 N.E. RICOU TERRACE JENSEN BEACH FL 34957		81. Name <b>ELFI COLLINS</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>1915 N.E. RICOU TERRACE</b>	
		83.	84. City <b>JENSEN BEACH</b>	
		85. Zip Code <b>FL 34957</b>		

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: *Elfi Collins* **ELFI COLLINS** 01/18/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOGO, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>35 SOUNDVIEW DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT WASHINGTON NY</b>	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARVEY, LES</b>	2.2 NAME	
STREET ADDRESS	<b>POST OFFICE BOX 1213</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCKLAND ME</b>	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURROW, DR. JARRELL</b>	3.2 NAME	<b>BURROW, DR. JARRELL</b>
STREET ADDRESS	<b>514 NE PLANTATION RD #4411</b>	3.3 STREET ADDRESS	<b>514 NE PLANTATION RD., #4411</b>
CITY - ST - ZIP	<b>STUART FL</b>	3.4 CITY - ST - ZIP	<b>STUART, FL 34996</b>
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBERT, HARRY</b>	4.2 NAME	
STREET ADDRESS	<b>2656 ALLISON CT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COLUMBUS OH</b>	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABINOWITZ, KATHLEEN</b>	5.2 NAME	
STREET ADDRESS	<b>58 SOUNDVIEW DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT WASHINGTON NY</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Harry R. Lambert* **HARRY R. LAMBERT** 1/18/96 (407) 334-2405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)