

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742229 (8)
 1. Corporation Name
PLANTATION TENNIS VILLAS ASSOCIATION, INC.



Principal Place of Business 1915 N.E. RICOU TERRACE JENSEN BEACH 34957	Mailing Address 1915 N.E. RICOU TERRACE JENSEN BEACH 34957-4130
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3. Date Incorporated or Qualified 03/28/1978	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number 59-1907801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. 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
COLLINS, ELFI
1915 NE RICOU TERRACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 *Elfi Collins* **ELFI COLLINS** **01/20/97**
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	VD	<input type="checkbox"/> DELETE
NAME	BOGO, ROBERT	
STREET ADDRESS	35 SOUNDVIEW DR	
CITY-ST-ZIP	PORT WASHINGTON NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARVEY, LES	
STREET ADDRESS	POST OFFICE BOX 1213	
CITY-ST-ZIP	ROCKLAND ME	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	BURROW, DR. JARRELL	
STREET ADDRESS	514 NE PLANTATION RD #4411	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMBERT, HARRY	
STREET ADDRESS	2656 ALLISON CT	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RABINOWITZ, KATHLEEN	
STREET ADDRESS	58 SOUNDVIEW DR	
CITY-ST-ZIP	PORT WASHINGTON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BURROW, DR. JARREL G.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROLLINS, MARKHAM JR.	
5.3 STREET ADDRESS	30 CARRIAGE HOUSE LANE	
5.4 CITY-ST-ZIP	MAMARONECK, NY 10543	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Jarrel G. Burrow* **JARREL G. BURROW** **01-20-97** **561-334-2405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071187

CR2E037 (9/96)