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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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. RIGOU TERRACE
JENSEN BEACH 34957**

Mailing Address

**1915 N.E. RIGOU TERRACE
JENSEN BEACH 34957**

2. Principal Place of Business

21 662 NE OCEAN BLVD

Suite, Apt. #, etc.

City & State

23 STUART FLA.

Zip

24 34996

Country

25 USA

2a. Mailing Address

26 662 NE OCEAN

Suite, Apt. #, etc.

City & State

28 STUART FLA.

Zip

29 34996

Country

30 USA

9. Name and Address of Current Registered Agent

**COLLINS, ELFI
1915 NE RIGOU TERRACE
JENSEN BEACH FL 34957**

3. Date Incorporated or Qualified

03/28/1978

4. FEI Number

59-1907801

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**

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

10. Name and Address of New Registered Agent

81 Name

TIM KAZMIER

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

662 NE OCEAN BLVD.

83 City

STUART

FL

**85 Zip Code
34996**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **BOGO, ROBERT**
STREET ADDRESS **35 SOUNDVIEW DR**
CITY - ST - ZIP **PORT WASHINGTON NY**

TITLE **SD** ☐ DELETE

NAME **HARVEY, LES**
STREET ADDRESS **POST OFFICE BOX 1213**
CITY - ST - ZIP **ROCKLAND ME**

TITLE **PD** ☐ DELETE

NAME **BURROW, DR. JARREL G**
STREET ADDRESS **514 NE PLANTATION RD #4411**
CITY - ST - ZIP **STUART FL**

TITLE **TD** ☐ DELETE

NAME **LAMBERT, HARRY**
STREET ADDRESS **2856 ALLISON CT**
CITY - ST - ZIP **COLUMBUS OH**

TITLE **ASD** ☐ DELETE

NAME **ROLLINS, MARKHAM JR**
STREET ADDRESS **30 CARRIAGE HOUSE LANE**
CITY - ST - ZIP **MAMARONECK NY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

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: **ROBERT BOGO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 **5613343600**
Date Daytime Phone # 0071966

CRZE037 (10/97)