

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 # 749515 (3)

1. Corporation Name

PLANTATION RIVERWOOD ASSOCIATION, INC.



Principal Place of Business: 1915 NE RICOU TERRACE, JENSEN BEACH FL 34957
Mailing Address: 1915 NE RICOU TERRACE, JENSEN BEACH FL 34957

3. Date Incorporated or Qualified: 10/25/1979
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2021422	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JANSSEN, AL / PLANTATION MGMT.CO.
1915 RICOU TERRACE
JENSEN BEACH 34957

81 Name: ELFI COLLINS
82 Street Address (P.O. Box Number is Not Acceptable): 1915 NE RICOU TERRACE
83
84 City: JENSEN BEACH FL 85 Zip Code: 34957

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Elfi Collins* ELFI COLLINS 03/06/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S HAUGHTON, ANNE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RTE.1 BOX 245A	1.2 NAME	
STREET ADDRESS	GAY HEAD MA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ATTWOOD, FRED <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10176 FORD ROAD	2.2 NAME	
STREET ADDRESS	PERRYSBURG OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD RODEWIG, LOREN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOX 1002	3.2 NAME	
STREET ADDRESS	EASTHAM MA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PEARD, FRANK <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	291 NE EDGEWATER DR	4.2 NAME	D RICH, DONALD
STREET ADDRESS	STUART FL	4.3 STREET ADDRESS	248 NE EDGEWATER DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	TD MCDERMOTT, FRANK <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	72 PONDFIELD ROAD, W. 6-H	5.2 NAME	MCDERMOTT, FRANK
STREET ADDRESS	BRONXVILLE NY	5.3 STREET ADDRESS	217 NE EDGEWATER DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	VD WHITING, JUSTIN <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	322 NE EDGEWATER DR	6.2 NAME	ASD TOBEY, KATHRYN
STREET ADDRESS	STUART FL	6.3 STREET ADDRESS	253 NE EDGEWATER DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	STUART, FL 34996

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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 16 unchanged, or on an attachment with an address.

SIGNATURE: *Frank A. Mcdermott* FRANK A. MCDERMOTT, VICE PRES. (407) 334-2405 DATE: _____ DAYTIME PHONE: _____

CR2E037 (12/95)