FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

768732

(0)

PLANTATION PLACE OWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address			
4900 BAYOU BLVD. STE 206 PENSACOLA FL 32503		4900 BAYOU BLVD. STE 206 PENSACOLA FL 32503-2534			
				3. Date Incorporated or Qualified 06/02/1983	3a. Date of Last Report 04/16/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4400	O Bayou Blvd	26 4400 Bayo	u Blvd	59-2454478	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	ite 35	27 Suite 35	,		Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	acola, FL E	28 Pensacola		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes □ No
²⁴ 3250	3 25 Scambia 9. Name and Address of Current	29 3 2 5 0 3 30 Begistered Agent	<u>l Escambi</u>	a Florida Statutes L 10. Name and Address of New Re	-
			81 Name		
CHVIK	WESLEY		W	esley Chalk	
	AYOU BLVD. SUITE 206		82 Street 4 4	Address (P.O. Box Number is Not Acceptab 00 Bayou Blvd; Suit	e 35
	COLA FL 32503		83		
LITORE	70B(12 02000				
			84 City	nsacola,	FL 85 Zip Code 32503
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named	corporation submits this statement for the poration's board of directors. I hereby accept	
office or re agent. La	egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 617.0503, Floric	horized by the corp ta Statutes.	poration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	,				
SIGNATORE ,	Signature, typed or printed name of registered agen	and title if applicable (NOTE: R	legislered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME	DUNN, JOHN T.	•	1.2 NAME	Bill Lynch	
STREET ADDRESS	4900 BAYOU BLVD SUITE 107		1.3 STREET ADDRESS	7150 Plantation Rd	
CITY-ST-ZIP	PENSACOLA FL	DELETE	1.4 CITY - ST - ZIP	Pensacola, FL 32	
TITLE	VPD		2.1 TITLE	VPD _	
NAME	DORSEY, THOMAS		2.2 NAME	Brenda Huggins	
STREET ADDRESS	1433 PLAYERS CLUB CR GULF BREEZE FL 32561		2.3 STREET ADDRESS	7150 Plintation Rd	; Unit 223
CITY-ST-ZIP TITLE	TD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Pensacola, FL 32	503 Addition
NAME	HUGGINS, BRENDA	□ beceive	3.2 NAME	James Faircloth	C Annual C Manual
STREET ADDRESS	7150 PLANTATION RD #223		3.3 STREET ADDRESS	2631 Venetia Way	
CITY-ST-ZIP	PENSACOLA FL 32514		3.4. CITY-SI-ZIP	<u>-</u>	32561
TITLE		DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 7IP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 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 on 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 changes, of on an attachment with an address.