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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768732

1. Corporation Name

PLANTATION PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business

4400 BAYOU BLVD
 SUITE 35
 PENSACOLA FL 32503
 US

Mailing Address

4400 BAYOU BLVD
 SUITE 35
 PENSACOLA FL 32503
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/02/1983

4. FEI Number

59-2454478

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

9. Name and Address of Current Registered Agent

CHALK, WESLEY
 4400 BOYOU BLVD SUITE 35
 PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 PD DELETE
 NAME LYNCH, BILL
 STREET ADDRESS 7150 PLANTATION RD UNIT 113
 CITY-ST-ZIP PENSACOLA FL

TITLE ST DELETE
 NAME FAIRCLOTH, JAMES
 STREET ADDRESS 2631 VENETIA WAY
 CITY-ST-ZIP GULF BREEZE FL

TITLE VPD DELETE
 NAME HUGGINS, BRENDA
 STREET ADDRESS 7150 PLANTATION RD #223
 CITY-ST-ZIP PENSACOLA FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
 1.2 NAME LYNCH, BILL
 1.3 STREET ADDRESS 7150 PLANTATION RD UNIT 113
 1.4 CITY-ST-ZIP PENSACOLA, FL 32504

2.1 TITLE HOLSTEAD, RHONDA PD Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 7150 PLANTATION RD UNIT 421
 2.4 CITY-ST-ZIP PENSACOLA, FL 32504

3.1 TITLE VPD Change Addition
 3.2 NAME VAN MATRE, AMY
 3.3 STREET ADDRESS 7150 PLANTATION RD UNIT 424
 3.4 CITY-ST-ZIP

4.1 TITLE D Change Addition
 4.2 NAME BARBY, DON
 4.3 STREET ADDRESS 6015 LAURELWOOD RD
 4.4 CITY-ST-ZIP MILTON, FL 32570

5.1 TITLE STD Change Addition
 5.2 NAME HUGGINS, BRENDA
 5.3 STREET ADDRESS 7150 PLANTATION RD UNIT 223
 5.4 CITY-ST-ZIP PENSACOLA, FL 32504

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, with all other like empowered.

SIGNATURE: Rhonda Holstead **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 March 99

Date

452-2887x19

Daytime Phone #

CR2E037 (11/98)