

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

0007474

**DOCUMENT # 768732**

1. Entity Name

**PLANTATION PLACE OWNERS ASSOCIATION, INC.**

02-27-2002 90048 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**4400 BAYOU BLVD  
 SUITE 35  
 PENSACOLA FL 32503  
 US**

**4400 BAYOU BLVD  
 SUITE 35  
 PENSACOLA FL 32503  
 US**

0004711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2454478**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHALK, WESLEY  
 4400 BOYOU BLVD SUITE 35  
 PENSACOLA FL 32503**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **LYNCH, BILL**  
 STREET ADDRESS **7150 PLANTATION RD UNIT 113**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **P**  Change  Addition  
 NAME **Chris Boggs**  
 STREET ADDRESS **7150 Plantation Road, #423**  
 CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **D**  Delete  
 NAME **HAYDEN, GEORGE**  
 STREET ADDRESS **7150 PLANTATION RD, UNIT 421**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **S**  Change  Addition  
 NAME **Maxine Marretta**  
 STREET ADDRESS **3508 Tibet Drive**  
 CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **PD**  Delete  
 NAME **VAN MATRE, AMY**  
 STREET ADDRESS **7150 PLANTATION RD, UNIT 424**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D**  Change  Addition  
 NAME **Don Barby**  
 STREET ADDRESS **4962 Willard Norris Road**  
 CITY-ST-ZIP **Milton, FL 32570**

TITLE **D**  Delete  
 NAME **ROWE, LORRAINE**  
 STREET ADDRESS **7823 BAY MEADOWS DR**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **HUGGINS, BRENDA**  
 STREET ADDRESS **7150 PLANTATION RD, UNIT 223**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE: *Lorraine A. Rowe* **LORRAINE A. ROWE (V. PRES.)** Jan 29, 2002 (850) 458 1297  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)