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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>H276</b> 1	13 (9)	)				
THE I	PLANTATION CLUB, INC.						
Principal Place	of Business	Mailing Address			1 1001011 8118 110011 10010 83106 411	DO DIN AND DEDICATE	
3870 TALL TIMBERS COURT 3870 TALL TIMBERS TALLAHASSEE FL 32308-3419 TALLAHASSEE FL 32							
					3. Date Incorporated or Qualified 10/29/1984	3a. Date of Last 05/01/	
2. Principal Pla 1	ice of Business	2a. Mailing Address 26			4. FEI Number 59-2471569		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.7	Not Applicable  5 Additional	
City & State		City P. Chata				Fe	Required
3		City & State			6. Election Campaign Financing Trust Fund Contribution	1 1	00 May Be led to Fees
Zip 4	Country 25	Z <sub>I</sub> p <b>29</b>	Count	try	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under	
`	9. Name and Address of Current		1901		10. Name and Address of New R		
			8	11 Name			
GIUDICE, WILLIALM A. 3870 TALL TIMBERS CT			82		ress (P.O. Box Number is Not Acceptabl	e)	
	HASSEE FL 32308		8	13			
ı			<b>84</b> City			<b>—.</b> 85	Zip Code
	the provisions of Sections 607 0502	1007 1500 5: 11 0:		<del></del>		FL   **   '	
<ol> <li>Pursuant to or registere</li> </ol>	a avent, or both, in the State of Florida	and 607.1508, Florida Statut a. Such channe was authoris	es, the above	named corpo	ration submits this statement for the purp	cose of changing its	registered office
SIGNATURE _s	of agent, or both, in the State of Florida n, and accept the oblighting of Section graful, typed or prings name of registered agent a	2		e-named corpo rporation's boa	ration submits this statement for the purport of directors. I hereby accept the appoint of directors and the appoint of the purposed when reinstating.	DOSE of changing its intment as registers	registered office ed agent. I am
SIGNATURE S	graful , typed or privity; name of registered agent a OFFICERS AND	nd title 1 applicable (NO DIRECTORS				DATE	
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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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William A. Giudice

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-16 904/681-5238
Date Double Phone #