

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24699 (3)**
1. Corporation Name
PLANTATION PALMS ASSOCIATION, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 17041 POST OFFICE BOX 17041
PLANTATION FL 33318 PLANTATION FL 33318
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/05/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0093178** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WALKER, ARLINE M
7100 SW 8 ST
PLANTATION FL 33317

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | PD |
| NAME | HEMEDINGER, LAUREN |
| STREET ADDRESS | 754 NW 101 TERRACE |
| CITY-ST-ZIP | PLANTATION FL |
| TITLE | SD |
| NAME | WARREN, LINDA |
| STREET ADDRESS | 681 NW 109 TERRACE |
| CITY-ST-ZIP | PLANTATION FL |
| TITLE | TD |
| NAME | SILVERMAN, ROBERT |
| STREET ADDRESS | 10080 NW 7 ST |
| CITY-ST-ZIP | PLANTATION FL |
| TITLE | VPD |
| NAME | SPRITZ, JANICE |
| STREET ADDRESS | 724 NW 100 TERRACE |
| CITY-ST-ZIP | PLANTATION FL |
| TITLE | D |
| NAME | PAPSTAVROS, ART |
| STREET ADDRESS | 205 N 59 AVE |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | D |
| NAME | STEINIG, RICHARD |
| STREET ADDRESS | 704 NW 101 TERRACE |
| CITY-ST-ZIP | PLANTATION FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LUISA SHULRUFF | |
| 1.3 STREET ADDRESS | 10120 NW 7 ST | |
| 1.4 CITY-ST-ZIP | PLANTATION FL 33324 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LINDA WARREN | |
| 2.3 STREET ADDRESS | 681 NW 100 TERRACE | |
| 2.4 CITY-ST-ZIP | PLANTATION FL 33324 | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ROBERT SILVERMAN | |
| 3.3 STREET ADDRESS | 10080 NW 7 ST | |
| 3.4 CITY-ST-ZIP | PLANTATION FL 33324 | |
| 4.1 TITLE | TID | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | HARRY WAINSHAL | |
| 4.3 STREET ADDRESS | 10070 NW 7 ST | |
| 4.4 CITY-ST-ZIP | PLANTATION FL 33324 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | LAWRENCE J. COTT | |
| 5.3 STREET ADDRESS | 10100 NW 7 ST | |
| 5.4 CITY-ST-ZIP | PLANTATION FL 33324 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | JEFFREY RAININ | |
| 6.3 STREET ADDRESS | 690 NW 101 TERR | |
| 6.4 CITY-ST-ZIP | PLANTATION FL 33324 | |

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 110.07(3)(b), 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 its receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Robert Silverman 3/8/95 305 792-3037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT SILVERMAN - PRES