

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24699 (3)

1. Corporation Name

PLANTATION PALMS ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 17041
PLANTATION FL 33318
US

Mailing Address

POST OFFICE BOX 17041
PLANTATION FL 33318
US

3. Date Incorporated or Qualified
02/05/1988

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0093178

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, ARLINE M
7100 SW 8 ST
PLANTATION FL 33317

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HEMEDINGER, LAUREN
STREET ADDRESS 10120 NW 7TH ST.
CITY-ST-ZIP PLANTATION FL ☒ DELETE

1.1 TITLE
1.2 NAME D ARMSTRONG, LINDA
1.3 STREET ADDRESS 715 NW 101 TERR
1.4 CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☒ Addition

TITLE VPD
NAME WARREN, LINDA
STREET ADDRESS 681 NW 100 TERRACT
CITY-ST-ZIP PLANTATION FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME SILVERMAN, ROBERT
STREET ADDRESS 10070 NW 7TH ST.
CITY-ST-ZIP PLANTATION FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME WAINSHAL, HARRY
STREET ADDRESS 10070 NW 7TH ST.
CITY-ST-ZIP PLANTATION FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COTT, LAWRENCE
STREET ADDRESS 205 N 59 AVE
CITY-ST-ZIP PLANTATION FL ☐ DELETE

5.1 TITLE S/D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME RAININ, JEFFREY
STREET ADDRESS 690 NW 101 TERRACE
CITY-ST-ZIP PLANTATION FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)