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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
POST OFFICE BOX 17041 PLANTATION FL 33318 US
POST OFFICE BOX 17041 PLANTATION FL 33318-7041 US

3. Date Incorporated or Qualified 02/05/1988
3a. Date of Last Report 02/19/1996

21. Principal Place of Business 21 JAL Property Mgmt Inc Suite, Apt. #, etc. 203 10191 W Sample Rd City & State Coral Springs FL Zip 33065 Country Broward	26. Mailing Address 26 JAL Property Mgmt Inc Suite, Apt. #, etc. 203 10191 W Sample Rd City & State Coral Springs FL Zip 33065 Country Broward	4. FEI Number 65-0093178 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 203 10191 W Sample Rd	27 203 10191 W Sample Rd	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 Coral Springs FL	28 Coral Springs FL		
24 33065	25 Broward	29 33065	30 Broward

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 James Caldwell 82 Street Address (P.O. Box Number is Not Acceptable) 10191 W Sample Rd 83 Suite 203 84 City Coral Springs FL 85 Zip Code 33065
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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: *James Caldwell* (NOTE: Registered Agent signature required when reinstating) DATE: 11/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ARMSTRONG, LINDA STREET ADDRESS 715 NW 101 TERRACE CITY-ST-ZIP PLANTATION FL	1.1 TITLE TD	2.1 TITLE VPD
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WARREN, LINDA STREET ADDRESS 681 NW 100 TERRACE CITY-ST-ZIP PLANTATION FL	NAME SILVERMAN, ROBERT STREET ADDRESS 10070 NW 7TH ST. CITY-ST-ZIP PLANTATION FL	1.2 NAME	2.2 NAME Michael Reed 2.3 STREET ADDRESS 721 NW 101 Terrace 2.4 CITY-ST-ZIP Plantation, FL 33324
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WAINSHAL, HARRY STREET ADDRESS 10070 NW 7TH ST. CITY-ST-ZIP PLANTATION FL	NAME COTT, LAWRENCE STREET ADDRESS 205 N 59 AVE CITY-ST-ZIP PLANTATION FL	1.4 CITY-ST-ZIP	3.1 TITLE PD 3.2 NAME Jay Kirtman 3.3 STREET ADDRESS 734 NW 101 Terrace 3.4 CITY-ST-ZIP Plantation, FL 33324
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAININ, JEFFREY STREET ADDRESS 690 NW 101 TERRACE CITY-ST-ZIP PLANTATION FL	NAME COTT, LAWRENCE STREET ADDRESS 205 N 59 AVE CITY-ST-ZIP PLANTATION FL	4.1 TITLE (Title) D	5.1 TITLE SD 5.2 NAME Robert Burgs 5.3 STREET ADDRESS 710 NW 101 Terrace 5.4 CITY-ST-ZIP Plantation, FL 33324
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME	6.1 TITLE Luis Shulruff 6.2 NAME 6.3 STREET ADDRESS 10120 NW 7 Street 6.4 CITY-ST-ZIP Plantation, FL 33324
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *James Caldwell* (NOTE: SIGNED OFFICER OR DIRECTOR REQUIRED) DATE: 11/17/97 954-753 7966

CR2E037 (9/96)