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Feb 10 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 # N26675 (1)
1. Corporation Name

THE PLANTATION COMMUNITY FOUNDATION, INC.



Principal Place of Business: 500 ROCKLEY BLVD. VENICE FL 34293
Mailing Address: 500 ROCKLEY BLVD. VENICE FL 34293-4300

3. Date Incorporated or Qualified: 05/31/1988
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 65-0056930
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

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

City & State: 23
28

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

Zip: 24
Country: 25
29
30

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

9. Name and Address of Current Registered Agent

SEAMON, JAMES M.
500 ROCKLEY BOULEVARD
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name: Clifford Reich
82 Street Address (P.O. Box Number is Not Acceptable): 500 Rockley Boulevard
83
84 City: Venice FL 85 Zip Code: 34293

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: *Clifford Reich* PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HEDSTROM, ERIC	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY - ST - ZIP	VENICE FL 34293	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEAMON, JAMES M.	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY - ST - ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIEHL, BARBARA	
STREET ADDRESS	500 ROCKLEY BLVD	
CITY - ST - ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEUBERGER, HENRY	
STREET ADDRESS	500 ROCKLEY BLVD	
CITY - ST - ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUBBIONDO, ANDREW	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEAGUE, JO	
STREET ADDRESS	500 ROCKLEY BLVD	
CITY - ST - ZIP	VENICE FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Berner, Guy	
1.3 STREET ADDRESS	500 Rockley Blvd	
1.4 CITY - ST - ZIP	Venice, FL 34293	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reich, Clifford	
2.3 STREET ADDRESS	500 Rockley Blvd.	
2.4 CITY - ST - ZIP	Venice, FL 34293	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, changed, or on an attachment with an address.

SIGNATURE: *Clifford Reich* PRESIDENT
Signature and typed or printed name of signing officer or director. Date: 1-29-97

CR2E037 (9/96)