

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26675 (1)**  
1. Corporation Name  
**THE PLANTATION COMMUNITY FOUNDATION, INC.**

Principal Place of Business <b>500 ROCKLEY BLVD. VENICE FL 34293</b>	Mailing Address <b>500 ROCKLEY BLVD. VENICE FL 34293</b>
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<b>21</b> 2. Principal Place of Business	<b>22</b> Suite, Apt. #, etc.	<b>2a.</b> Mailing Address	<b>2b.</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>24</b> Zip	<b>25</b> Country	<b>26</b> City & State
<b>27</b> Zip	<b>28</b> Country	<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>05/31/1988</b>		
<b>4.</b> FEI Number <b>65-0056930</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
<b>5.</b> Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**CLIFFORD REICH  
500 ROCKLEY BOULEVARD  
VENICE FL 34293**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNER, GUY	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REICH, CLIFFORD	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	TEAGUE, JO	
STREET ADDRESS	500 ROCKLEY BLVD	
CITY-ST-ZIP	VENICE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Welch, Judy
3.3 STREET ADDRESS	500 Rockley Blvd.
3.4 CITY-ST-ZIP	Venice, FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD Ellis, Charles
6.3 STREET ADDRESS	500 Rockley Blvd.
6.4 CITY-ST-ZIP	Venice, FL

**14.** I 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 \_\_\_\_\_

CR2E037 (1097)