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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N32782** (7)

1. Corporation Name
PLANTATION RESIDENTS ORGANIZATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 491544 P.O. BOX 491544
LEESBURG FL 34749-8544 LEESBURG FL 34749-8544

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1989** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2957646** Applied For
Not Applicable

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

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

9. Name and Address of Current Registered Agent
**SEWELL, STEPHEN
907 WEBSTER
LEESBURG FL 32748**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	CLARK, ROBERT
STREET ADDRESS	25114 BETTON HILL
CITY - ST - ZIP	LEESBURG FL
TITLE	D
NAME	LONG, GEORGE
STREET ADDRESS	25614 BELLE ALLIANCE
CITY - ST - ZIP	LEESBURG FL
TITLE	D
NAME	FISHER, BARBARA
STREET ADDRESS	25118 PINE HILL
CITY - ST - ZIP	LEESBURG FL
TITLE	PD
NAME	KRAMER, MARY JANET
STREET ADDRESS	25031 BELLEVUE
CITY - ST - ZIP	LEESBURG FL
TITLE	D
NAME	PETTI, DONALD
STREET ADDRESS	5320 ASTOR
CITY - ST - ZIP	LEESBURG FL
TITLE	D
NAME	HAWORTH, HELEN
STREET ADDRESS	4903 TARA VIEW RD.
CITY - ST - ZIP	LEESBURG 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	HERB BILLS
2.4 CITY - ST - ZIP	25715 BELLE HELENE LEESBURG, FL 34748
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	ROBERT MURPHY
3.4 CITY - ST - ZIP	25138 NAVEL AVE LEESBURG, FL. 34748
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Robert F. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT F. CLARK, treasurer

904-728-2926