

FILE NOW: FILING FEE IS \$61.25

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**Jan 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32782 (7)
1. Corporation Name
PLANTATION RESIDENTS ORGANIZATION, INC.



Principal Place of Business P.O. BOX 491544 LEESBURG FL 34749-8544	Mailing Address P.O. BOX 491544 LEESBURG FL 34749-8544
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3. Date Incorporated or Qualified 06/12/1989		
4. FEI Number 59-2957646	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
SEWELL, STEPHEN
907 WEBSTER
LEESBURG FL 32748

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, ROBERT 25114 BETTON HILL LEESBURG FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERB, BILLS 25715 BELLE HELENE LEESBURG FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, GEORGE 24937 PINE HILL LEESBURG FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRITCHARD, CECILIA 4951 TARA VIEW RD LEESBURG FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDER 4939 TARA VIEW RD LEESBURG FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWORTH, HELEN 4903 TARA VIEW RD. LEESBURG FL	<input checked="" type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD COON, JUDITH G. 5301 TANGELO ST. LEESBURG, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D BILLS, HERB 25715 BELLE HELENE LEESBURG, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD GOODMAN, GEORGE 24937 PINE HILL LEESBURG, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VP O'BRIEN, REGIS 25718 BELLE HELENE LEESBURG, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judith G. Coon **REQUIRED** 1-9-98 352-365-0658

CR2E037 (10/97)

PLANTATION RESIDENT'S ORGANIZATION

ANNUAL REPORT

1997

BALANCE ON HAND 12/31/96 \$2,178.18

CASH RECEIVED:

Interest on 12 Mo. CD \$413.87

PAID OUT:

Postmaster \$40.00
Florida Dept of State 61.25
Internal Revenue Ser. 63.80

INVESTMENTS:

CD Huntington National Bank
12 Mo. @ 4.71% Due 3/23/97 9,225.43

CASH BALANCE ON HAND 12/31/97 2,013.13

RESPECTFULLY SUBMITTED

Judith G. Coon

Judith G. Coon, TREASURER