

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90374 023 \*\*\*\*61.25

**DOCUMENT # N32782**

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2957646</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
**SEWELL, STEPHEN**  
**907 WEBSTER**  
**LEESBURG FL 32748**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BOND, JOYCE M</b> <b>4740 TARA VIEW ROAD</b> <b>LEESBURG FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LASHAY, MAL</b> <b>5500 ZINNIA ST</b> <b>LEESBURG FL 34748</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HOFFINGER, MURRAY</b> <b>25270 LOST OAK CIR</b> <b>LEESBURG FL 34748</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HUMMER, PATRICIA</b> <b>4342 LEAFWAY CIRCLE</b> <b>LEESBURG FL 34748</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, DICK</b> <b>26011 GLEN EAGLE DR</b> <b>LEESBURG FL 34748</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIMMANO, CARL</b> <b>4726 TARA VIEW RD</b> <b>LEESBURG FL 34748</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JOYCE BONO</b> <b>4740 TARA VIEW ROAD</b> <b>LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BILL SENDELBACH</b> <b>3835 PLANTATION BLVD.</b> <b>LEESBURG, FL 34748</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CARL FIMMANO</b> <b>4726 TARA VIEW ROAD</b> <b>LEESBURG, FL 34748</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SHIRLEY HOAG</b> <b>4318 LEAFWAY CIRCLE</b> <b>LEESBURG, FL 34748</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUE MAGGIN</b> <b>25434 CRESTWATER DRIVE</b> <b>LEESBURG, FL 34748</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: Joyce M. Bono **JOYCE M. BONO** 1/31/01 (352) 326-3555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)