


FILE NOW: FILING FEE IS \$61.25

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Feb 06 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 # 705705 (2)

1. Corporation Name

PLANTATION MANORS UNIT NO. 1, INC.

Principal Place of Business

Mailing Address

6851 CYPRESS ROAD #21
PLANTATION FL 33317

6851 CYPRESS ROAD #21
PLANTATION FL 33317

3. Date Incorporated or Qualified

06/03/1963

4. FEI Number

59-1140325

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HRICA, JEANNE M.
6851 CYPRESS RD #12
PLANTATION FL 33317

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HRICA, JEANNE M.	
STREET ADDRESS	6851 CYPRESS RD. #12	
CITY-ST-ZIP	PLANTATION, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LAUGHEN, BEVERLY	
STREET ADDRESS	6851 CYPRESS ROAD, 19	
CITY-ST-ZIP	PLANTATION FL	

2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Helen Staudenmaier	
2.3 STREET ADDRESS	6851 Cypress Rd #17	
2.4 CITY-ST-ZIP	Plantation Florida 33317	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LONDON, NORMAN	
STREET ADDRESS	6851 CYPRESS RD. #7	
CITY-ST-ZIP	PLANTATION, FL 33317	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRESSING, PETER	
STREET ADDRESS	6851 CYPRESS RD #3	
CITY-ST-ZIP	PLANTATION, FL 00000	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEGMAN, E	
STREET ADDRESS	6851 CYPRESS RD #18	
CITY-ST-ZIP	PLANTATION FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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: *Jeanne M. Hrica* SIGNATURE REQUIRED: *Jeanne M. Hrica* 1-26-98 9545846580

CR2E037 (10/97)