FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716931** **(1)**

1. Corporation Name
THE PLANTATION ACRES HOME AND LAND OWNERS IMPROV EMENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
860 N.W. 116TH TERR. PLANTATION FL 33325	11800 NW 5 ST PLANTATION FL 33325 US

3. Date Incorporated or Qualified: **07/29/1969**
3a. Date of Last Report: **05/27/1994**
4. FEI Number: **71-6931160** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 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	10. Name and Address of New Registered Agent
PERRIS, NICK 11731 NW 27TH ST. PLANTATION FL 33323	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PERRIS, NICK	1.2 NAME	[illegible]	
STREET ADDRESS	11731 NW 27ST	1.3 STREET ADDRESS	[illegible]	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	[illegible]	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HILLAR, LEE	2.2 NAME		
STREET ADDRESS	1551 NW 115 TERR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	WYATT, PAM	3.2 NAME		
STREET ADDRESS	11800 NW 5 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, BARBARA	4.2 NAME		
STREET ADDRESS	11360 SHADY LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, JUNE	5.2 NAME		
STREET ADDRESS	12101 NW 6 ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BANKSTON, MARY	6.2 NAME	BOB SUMMER	
STREET ADDRESS	860 N.W. 116TH TERRACE	6.3 STREET ADDRESS	11500 NW 8 ST	
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	PLANTATION, FL	

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 119.07(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: Nick Perris NICK PERRIS 2/20/95 305-475-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047167