

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

5/28/96 18 10613 C

DOCUMENT # 738828 (3)

1. Corporation Name
PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
317 NORTH DR. (ISLAMORADA FL 33036) P.O. BOX 1297 TAVERNIER FL 33070
317 NORTH DR. (ISLAMORADA FL 33036) P.O. BOX 1297 TAVERNIER FL 33070

3. Date Incorporated or Qualified **04/22/1977** 3a. Date of Last Report **07/17/1995**

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

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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

**BIBLE, JAMES T.
317 NORTH DR.
ISLAMORADA FL 33036**

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 617.0506, Florida Statutes.

SIGNATURE *James T. Bible* **JAMES T. Bible** *5-21-96*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | D-D | <input type="checkbox"/> DELETE |
| NAME | STEFAYSHYM, NIK | |
| STREET ADDRESS | 117 SOUTH DRIVE | |
| CITY - ST - ZIP | ISLAMORADA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHMIT, CHUCK | |
| STREET ADDRESS | 1384 WAINWRIGHT WAY | |
| CITY - ST - ZIP | FT. MYERS FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | WRIGHT, CARL | |
| STREET ADDRESS | 201 HARBOR DR. | |
| CITY - ST - ZIP | ISALMORADA FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | BIBLE, DONNA | |
| STREET ADDRESS | 317 NORTH DR. | |
| CITY - ST - ZIP | ISLAMORADA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ELLIOTT, ART | |
| STREET ADDRESS | 307 NORTH DR. | |
| CITY - ST - ZIP | ISLAMORADA FL | |
| TITLE | R.D | <input type="checkbox"/> DELETE |
| NAME | VLASAK, THOMAS | |
| STREET ADDRESS | 203 HARBOR DR | |
| CITY - ST - ZIP | ISLAMORADA FL | |

| | | |
|--------------------|-----------------------------|--|
| 11 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | CHARLES WIGHTMAN | |
| 13 STREET ADDRESS | | |
| 14 CITY - ST - ZIP | ISLAMORADA, FL 33036 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY - ST - ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 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: *Donna Bible* **DONNA BIBLE** *5/20/96* **305-813-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)