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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # : 738828 (3)

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



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

3. Date Incorporated or Qualified 04/22/1977 3a. Date of Last Report 05/28/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: *James T. Bible* JAMES T. Bible 2-7-97
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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPATSYM, NIK	1.2 NAME	CHARLES WIGGAM
STREET ADDRESS	117 SOUTH DRIVE	1.3 STREET ADDRESS	115 SOUTH DRIVE
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	ISLAMORADA, FL 33086
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIT, CHUCK	2.2 NAME	LARRY BOHANNON
STREET ADDRESS	1384 WAINWRIGHT WAY	2.3 STREET ADDRESS	112 SOUTH DRIVE
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CARL	3.2 NAME	
STREET ADDRESS	201 HARBOR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	3.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIBLE, DONNA	4.2 NAME	
STREET ADDRESS	317 NORTH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ART	5.2 NAME	EDWARD SHEETS
STREET ADDRESS	507 NORTH DR.	5.3 STREET ADDRESS	313 NORTH DRIVE
CITY-ST-ZIP	ISLAMORADA FL	5.4 CITY-ST-ZIP	ISLAMORADA, FL 33086
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLASAK, THOMAS	6.2 NAME	ANGEL CORTINA
STREET ADDRESS	203 HARBOR DR	6.3 STREET ADDRESS	305 NORTH DRIVE
CITY-ST-ZIP	ISLAMORADA FL	6.4 CITY-ST-ZIP	ISLAMORADA, FL 33036

14. I do 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: *Donna Bible* DONNA BIBLE 2-6-97 305-853-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/96)