

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90031 003 ****61.25

0024719

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738828

1. Corporation Name

PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

305 NORTH DR
 ISLAMORADA FL 33036
 US

Mailing Address

305 NORTH DR
 ISLAMORADA FL 33036
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/22/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORTINA, ANGEL J
 305 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE DELETE

P
 NAME **WIGHTMAN, CHARLES**
 STREET ADDRESS **115 SOUTH DRIVE**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

13. 1.1 TITLE Change Addition

D
 NAME **RICHARD MULLINS**
 STREET ADDRESS **109 SOUTH DRIVE**
 CITY-ST-ZIP **ISLAMORADA, FL 33036**

14. TITLE DELETE

D
 NAME **BOHANNON, LARRY**
 STREET ADDRESS **112 SOUTH DRIVE**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

2.1 TITLE Change Addition

LARRY
 FIRST NAME

15. TITLE DELETE

VPD
 NAME **WRIGHT, CARL**
 STREET ADDRESS **201 HARBOR DR.**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

16. TITLE DELETE

D
 NAME **SOHN, HOWARD**
 STREET ADDRESS **309 NORTH DR**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

17. TITLE DELETE

D
 NAME **SHEETS, EDWARD**
 STREET ADDRESS **313 NORTH DR**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

18. TITLE DELETE

D
 NAME **CORTINA, ANGEL J**
 STREET ADDRESS **305 NORTH DR**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

ANGEL J. CORTINA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)