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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:12

DOCUMENT # 747787 (0)

1. Corporation Name

PLA MOR TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6925-6931 RIDGEWOOD AVE CAPE CANAVERAL FL 32920 US	1203 EDWARDS LANE ORLANDO FL 32804-3317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1979
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-1981006 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26 162 WILSON AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 COCOA BEACH, FL
Zip 24 / Country 25	Zip 29 32931 / Country 30 USA

9. Name and Address of Current Registered Agent

CHAVARIE, MARION COTTO
1203 EDWARDS LANE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: OK Jennifer Harkins
82 Street Address (P.O. Box Number is Not Acceptable): 162 WILSON AVE
83
84 City: COCOA BEACH FL 85 Zip Code: 32931

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: Jennifer Harkins Jennifer Harkins 1/24/95
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	DVP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	FLANAGAN, FRANK M	1.2 NAME	FRANK FLANAGAN	
STREET ADDRESS	6925 RIDGEWOOD AVE	1.3 STREET ADDRESS	6925 RIDGEWOOD AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAVARIE, STEPHEN T.	2.2 NAME		
STREET ADDRESS	1203 EDWARDS LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	HARKINS, JENNIFER	3.2 NAME	HARKINS, JENNIFER	
STREET ADDRESS	162 WILSON AVE	3.3 STREET ADDRESS	162 WILSON AVE	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	COCOA BEACH, FL	
TITLE	DT	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	CHAVARIE, MARION COTTO	4.2 NAME	CHAVARIE, MARION COTTO	
STREET ADDRESS	1203 EDWARDS LANE	4.3 STREET ADDRESS	1203 EDWARDS LANE	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL	
TITLE	PD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GRANTHAM, JERI	5.2 NAME	GRANTHAM, JERI	
STREET ADDRESS	115 SUNSET DR	5.3 STREET ADDRESS	115 SUNSET DR	
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	COCOA BEACH FL	
TITLE	SD	6.1 TITLE	DVP	☒ Change ☐ Addition
NAME	HARKINS, JAMES	6.2 NAME	HARKINS, JAMES	
STREET ADDRESS	162 WILSON AVE	6.3 STREET ADDRESS	162 WILSON AVE	
CITY-ST-ZIP	COCOA BEACH FL	6.4 CITY-ST-ZIP	COCOA BEACH, 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)(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: Jennifer Harkins, Treasurer 1/24/95 407-868-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jennifer Harkins

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