

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

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

162 WILSON AVE
COCOA BEACH FL 32931
US



3. Date Incorporated or Qualified

06/25/1979

3a. Date of Last Report

01/30/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 162 Wilson Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 COCOA BEACH, FL

Zip

Country

Zip

Country

24 32931 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARKINS, JENNIFER
162 WILSON AVE
COCOA BEACH FL 32931**

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

Jennifer Harkins

(NOTE: Registered Agent signature required when reinstating)

2-18-96

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **FLANAGAN, FRANK**
STREET ADDRESS **6925 RIDGEWOOD AVE**
CITY-ST-ZIP **CAPE CANAVERAL FL**

1.1 TITLE

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **CHAVARIE, STEPHEN T.**
STREET ADDRESS **1203 EDWARDS LANE**
CITY-ST-ZIP **ORLANDO FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

TITLE **DT** ☐ DELETE
NAME **HARKINS, JENNIFER**
STREET ADDRESS **162 WILSON AVE**
CITY-ST-ZIP **COCOA BEACH FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

TITLE **DS** ☐ DELETE
NAME **CHAVARIE, MARION COTTO**
STREET ADDRESS **1203 EDWARDS LANE**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **GRANTHAM, JERI**
STREET ADDRESS **115 SUNSET DR**
CITY-ST-ZIP **COCOA BEACH FL**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

TITLE **DVP** ☐ DELETE
NAME **HARKINS, JAMES**
STREET ADDRESS **162 WILSON AVE**
CITY-ST-ZIP **COCOA BEACH FL**

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

J. Harkins, Treasurer

2-18-96 407-8681022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)