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Feb 06 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 # 747787 (0)

1. Corporation Name

PLA MOR TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

6925-6931 RIDGEWOOD AVE  
CAPE CANAVERAL FL 32920  
US

Mailing Address

162 WILSON AVENUE  
COCOA BEACH FL 32931-3934  
US



3. Date Incorporated or Qualified  
06/25/1979

3a. Date of Last Report  
02/23/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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)

DATE

1/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 407-868-1022

CR2E037 (9/96)