

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90010 025 ****61.25

DOCUMENT # 756205

1. Corporation Name

PLANTATION ROTARY FUND, INC.

Principal Place of Business

P.O. BOX 16792
PLANTATION FL 33318

Mailing Address

P.O. BOX 16792
PLANTATION FL 33318



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/04/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2039550

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

KINGSLEY, DAVID
8551 W SUNRISE BLVD
#203
PLANTATION FL 33322

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE
NAME **BAMOND, JOSEPH**
STREET ADDRESS **1671 E SANPIPER CIRCLE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **JAMES SWANSON**
1.4 CITY-ST-ZIP **9831 S. GRAND PINE CIRCLE TAMPA FL 33321**

TITLE **DS** ☒ DELETE
NAME **ALEXANDER, MARK**
STREET ADDRESS **12410 SW 1ST COURT**
CITY-ST-ZIP **PLANTATION FL 33325**

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

TITLE **DP** ☐ DELETE
NAME **KINGSLEY, DAVID**
STREET ADDRESS **1521 NW 96TH AVE**
CITY-ST-ZIP **PLANTATION FL**

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

TITLE **D** ☐ DELETE
NAME **ELETZ, MARC**
STREET ADDRESS **1741 SW 68TH AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **D** ☒ DELETE
NAME **DEGINA, JR. A**
STREET ADDRESS **C/O COLUMBIA PLANT GENERAL, 401 NW 42 AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DIRECTOR TREASURER**
5.3 STREET ADDRESS **STEVAN CHENYUN**
5.4 CITY-ST-ZIP **10730 NW 14 ST PLANTATION FL 33322**

TITLE **DT** ☒ DELETE
NAME **GERO, THOMAS A**
STREET ADDRESS **300 S. PINE ISLAND RD., #227**
CITY-ST-ZIP **PLANTATION FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **DIRECTOR SECRETARY**
6.3 STREET ADDRESS **MARIE PROUTY**
6.4 CITY-ST-ZIP **9091 VINYARD LANE PL PLANTATION FL 33324**

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: **SIGNATURE REQUIRED CHENYUN**

T17199 **254-742**
THREASURER **6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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