

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV -3 AM 11:32

SECRETARY OF STATE



DOCUMENT # 761519 (8)

1. Corporation Name

MEDLEY PLANTATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8171 N.W. 91 TERRACE, C-3
MEDLEY FL 33166

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MEDLEY FL 33166

3. Date Incorporated or Qualified

01/20/1982

4. FEI Number

59-2346454

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRZYS, THEODORE W. A.
8171 N.W. 91 TERRACE, C-3
MEDLEY FL 33166

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

9.25.98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KRZYS, THEODORE W. A.
STREET ADDRESS 8171 N.W. 91 TERR. C-3
CITY-ST-ZIP MEDLEY FL ☐ DELETE

1.1 TITLE VICE PRESIDENT VPD ☐ Change ☐ Addition
1.2 NAME JOHN SYMONITE
1.3 STREET ADDRESS 8181 NW 91 TERR 3-B
1.4 CITY-ST-ZIP MEDLEY FL 33166

TITLE TD
NAME MICHELSON, M. DONALD
STREET ADDRESS 8191 N.W. 91ST TERR. A-8
CITY-ST-ZIP MEDLEY FL ☒ DELETE

2.1 TITLE STEVE/TREAS TD ☐ Change ☐ Addition
2.2 NAME STEPHEN CARPENTER
2.3 STREET ADDRESS 8181 NW 91 TERR 5-B
2.4 CITY-ST-ZIP MEDLEY FL 33166

TITLE D
NAME ARES, ELISEO
STREET ADDRESS 8191 N.W. 91ST TERRACE UNIT 6
CITY-ST-ZIP MEDLEY FL ☒ DELETE

3.1 TITLE MIGUEL VADES D ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8181 NW 91 TERR 8-B
3.4 CITY-ST-ZIP MEDLEY FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 200002684842--2
4.4 CITY-ST-ZIP -11/10/98--01085--003
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005720

CR2E037 (5/98)