## SE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.D

* 11	<i>-ر</i> ي	PLEA
	RPORA STATE	
DOCI		NT # N(
Plan	tation	Road <sup>-</sup>
		dress No P lantatio
Suite, Apt.	#, etc.	
City & State	acola	ı. FL

## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

07 MAY -7 AM H: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corpora	JMENT # NOO704 ation Name	4		·				
Plant	tation Road Town	office Owners	Associa	ation, Inc.	7.C 05/21/	101025 70701017	332267 020 **183.75	
2. Principal Office Address - No P.O. Box # 6704-A Plantation Rd. 6704-A			A Plantation Rd.		RE	INST	ATEMENT	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			4. Date Incom	orated or Qualified	Nov 18, 1986	
		City & State Pensaco	ty & State Pensacola, FL		To Do Business in Florida NOV 18, 1980  59-2739094  Applied For Not Applicable			
<sup>Zip</sup> 3250	4 Country	32504	Cour	itry	6. CERTIFICATE	OF STATUS DESIRE	\$8.75 Additional Secretaria	
	7. Name and Add	ress of Current Registere	d Agent			<u></u>		
間wyn D. Guernsey				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not				
6704-A Plantation Rd.								
Suite, Apt. #, Etc.				received and requesting the reinstatement fee be waived.				
Pensacola State FL 325				32504	1 lee be walved.			
8. I, being	g appointed the registered agent of	the above named corporatio	n, am familiar	with and accept the ol	oligations of section	on 607.0505 or 617	.0503, F.S.	
Signature of Registered		REGISTERED AGENT	MUST SIGN			Date		
9. Names	s and Street Addresses of Each Off	icer and/or Director (Florida	nonprofit corp	orations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Di	rectors	Street Address of Each Officer and/or Director				City / State / Zip	
DP	Elwyn D. Guern	sey 6	6704-A Plantation Rd.		Rd.	Pensacola, FL 32504		
DV	Ann Keiek	7:	7217 Twin Lakes Lane		.ane	Pensacola, FL 32504		
DST	Elwyn D. Guern	sey 6	6704-A Plantation Rd.		Rd.	Pensacola, FL 32504		
					,			
this re owed	fy that I am an officer or director or to instatement application, the reason by the corporation have been paid a s application is true and accurate, ar	for dissolution has been elin and the names of individuals and my signature shall have the	ninated, the co	rporate name satisfies orm do not qualify for a	the requirements an exemption con	of section 607.040	1 or 617.0401, F.S., that all fees	
SIGNA	TURE:	menser		. Guernsey	5-/	-07	850-476-3491	
	SIGNATURE AND TYPE	OR PRINTED NAME OF SIGN	ING OFFICER O	R DIRECTOR		Date	Daytime Phone #	