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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR -7 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16488** (1)

1. Corporation Name
THE PLANTATION COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
1300 GULF LIFE DRIVE SUITE 600 JACKSONVILLE FL 32207	1300 GULF LIFE DRIVE SUITE 600 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1986
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2855472 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 101 Tabby Lane	26 P. O. Box 978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ponte Vedra , Fl	City & State 28 Ponte Vedra , Fl
Zip 24 32082 Country 25	Zip 29 32004 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGERS, TOWERS, BAILEY, JONES & GAY
ATTN: DOUG WARD
~~1301 GULF LIFE DR., STE 1500~~
JACKSONVILLE FL 32007

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable): 1301 Riverplace Blvd Suite 1500
63
64 City: FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PORRARO, P	1.2 NAME	Raymond O'Brien, Jr	
STREET ADDRESS	157 PLANTATION CIR SO	1.3 STREET ADDRESS	102 Lands End	
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	Ponte Vedra , Fl 32082	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, H.R.	2.2 NAME		
STREET ADDRESS	1300 GULF LIFE DR-6TH FL	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BRANNEN, WILLIAM M	3.2 NAME		
STREET ADDRESS	1300 GULF LIFE DR 6TH FL	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHERWOOD, DAVID J	4.2 NAME	Raymond Brindley	
STREET ADDRESS	237 PLANTATION CIR SO	4.3 STREET ADDRESS	176 Governors Road	
CITY-ST-ZIP	PONTE VEDRA BCH FL	4.4 CITY-ST-ZIP	Ponte vedra Beach, Fl 32082	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: ✓ R O'Brien 764 4-3-95 273-9325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001487