

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31091** (4)

1. Corporation Name
HOMEOWNERS' ASSOCIATION OF PLANTATION POINTE, IN C.



Principal Place of Business: C/O OF FRANK WEISS, 1988 CAROLINA CT, CLEARWATER FL 34620 US
Mailing Address: C/O OF FRANK WEISS, 1988 CAROLINA CT, CLEARWATER FL 34620 US

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 04/03/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2942667	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

WEISS, FRANK B
1988 CAROLINA CT
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

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	STD WEISS, FRANK 1988 CAROLINA CT CLEARWATER FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD BAMBAGE, JOHN 1979 CAROLINA CT CLEARWATER FL	<input type="checkbox"/> DELETE	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD PROFETA, ANTHONY 1990 CAROLINA CT CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	VPD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME		<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME		<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME		<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME		<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME		<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	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)(k), 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: *Frank Weiss* FRANK WEISS

1/19/96

(813) 535-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)