


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34620-1722 US	3. Date Incorporated or Qualified 03/09/1989	3a. Date of Last Report 02/27/1996
--	---	---	---------------------------------------

2. Principal Place of Business 21 3001 EXECUTIVE DR. Suite, Apt. #, etc. 22 SUITE 260 City & State 23 CLEARWATER, FL. Zip 24 34622	2a. Mailing Address 26 3001 EXECUTIVE DR. Suite, Apt. #, etc. 27 SUITE 260 City & State 28 CLEARWATER, FL. Zip 29 34622	Country 25 US	Country 30 US	4. FEI Number 59-2942667	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	------------------	------------------	-----------------------------	-------------------------------	--	--------------------------------	--	-----------------------------	---

9. Name and Address of Current Registered Agent WEISS, FRANK D 1988 CAROLINA CT CLEARWATER FL 34620	10. Name and Address of New Registered Agent 81 Name CONDOMINIUM ASSOCIATES 82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR. 83 SUITE 260 84 City CLEARWATER FL 85 Zip Code 34622
--	---

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: *Frank D. Weiss*
Signature typed, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) PRESIDENT DATE: 4-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEISS, FRANK 1988 CAROLINA CT CLEARWATER FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T DENIS BINDER 1981 CAROLINA CT CLEARWATER, FL 34620 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAMBAGE, JOHN 1979 CAROLINA CT CLEARWATER FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D RUSSELL BROWN 1991 CAROLINA COURT CLEARWATER, FL 34620 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HO, DAVID 1986 CAROLINA CT CLEARWATER FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D FRANK COSTANZA 1985 CAROLINA COURT CLEARWATER, FL 34620 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Frank D. Weiss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/8/97 813 671-5134
Daytime Phone # 0067202

CR2E037 (9/96)