

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N32782**

(7)

1. Corporation Name

**PLANTATION RESIDENTS ORGANIZATION, INC.**



Principal Place of Business

P.O. BOX 491544  
LEESBURG FL 34749-8544

Mailing Address

P.O. BOX 491544  
LEESBURG FL 34749-8544

3. Date Incorporated or Qualified

**06/12/1989**

3a. Date of Last Report

**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2957646**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEWELL, STEPHEN  
907 WEBSTER  
LEESBURG FL 32748**

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TD  
CLARK, ROBERT  
25114 BETTON HILL  
LEESBURG FL**

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
HERB, BILLS  
25715 BELLE HELENE  
LEESBURG FL**

☐ DELETE

21 TITLE **PD**  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
MURPHY, ROBERT  
25138 NAVEL AVENUE  
LEESBURG FL**

☒ DELETE

31 TITLE **D**  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☒ Change ☐ Addition

**GEORGE GOODMAN  
24937 PINE HILL  
LEESBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
KRAMER, MARY JANET  
25031 BELLEVUE  
LEESBURG FL**

☐ DELETE

41 TITLE **D**  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
PETTI, DONALD  
5320 ASTOR  
LEESBURG FL**

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
HAWORTH, HELEN  
4903 TARA VIEW RD.  
LEESBURG FL**

☐ DELETE

61 TITLE **VP**  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☒ Change ☐ Addition

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:

*Robert F. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/94*

DATE

352-728-2926

Daytime Phone #

CR2E037 (12/95)