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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32782 (7)

1. Corporation Name

PLANTATION RESIDENTS ORGANIZATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 491544
LEESBURG FL 34749-8544P.O. BOX 491544
LEESBURG FL 34749-1544

3. Date incorporated or Qualified

08/12/1989

3a. Date of Last Report

02/12/1996

4. FEI Number

59-2957646

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME CLARK, ROBERT
STREET ADDRESS 25114 BETTON HILL
CITY-ST-ZIP LEESBURG FL ☐ DELETE1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PD
NAME HERB, BILLS
STREET ADDRESS 25715 BELLE HELENE
CITY-ST-ZIP LEESBURG FL ☐ DELETE2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME GOODMAN, GEORGE
STREET ADDRESS 24937 PINE HILL
CITY-ST-ZIP LEESBURG FL ☐ DELETE3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KRAMER, MARY JANET
STREET ADDRESS 25031 BELLEVUE
CITY-ST-ZIP LEESBURG FL4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME CECILIA PRITCHARD
4.3 STREET ADDRESS 4951 TARA VIEW ROAD
4.4 CITY-ST-ZIP LEESBURG, FLTITLE D ☒ DELETE
NAME PETTI, DONALD
STREET ADDRESS 5320 ASTOR
CITY-ST-ZIP LEESBURG FL5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME PAUL FIELDER
5.3 STREET ADDRESS 4939 TARA VIEW ROAD
5.4 CITY-ST-ZIP LEESBURG, FLTITLE VP ☐ DELETE
NAME HAWORTH, HELEN
STREET ADDRESS 4903 TARA VIEW RD.
CITY-ST-ZIP LEESBURG FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070265

2/3/97 352-728-2926

CR2E037 (9/96)