

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N32782**

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90128 026 \*\*\*\*61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**06/12/1989**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2957646**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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 ☐ DELETE  
NAME **TD**  
STREET ADDRESS **COON, JUDITH G.**  
CITY-ST-ZIP **5301 TANGELO ST.  
LEESBURG FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **HERB, BILLS**  
CITY-ST-ZIP **25715 BELLE HELENE  
LEESBURG FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **PD**  
2.3 STREET ADDRESS **LaSHAY, MAL**  
2.4 CITY-ST-ZIP **5500 ZINNIA ST.  
LEESBURG, FL 34748**

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **GOODMAN, GEORGE**  
CITY-ST-ZIP **24937 PINE HILL  
LEESBURG FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VD**  
3.3 STREET ADDRESS **HOFFINGER, MURRAY**  
3.4 CITY-ST-ZIP **25270 LOST OAK CIRCLE  
LEESBURG, FL 34748**

TITLE ☒ DELETE  
NAME **SD**  
STREET ADDRESS **PRITCHARD, CECILIA**  
CITY-ST-ZIP **4951 TARA VIEW RD  
LEESBURG FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **SD**  
4.3 STREET ADDRESS **HUMMER, PATRICIA**  
4.4 CITY-ST-ZIP **4342 LEAFWAY CIRCLE  
LEESBURG, FL 34748**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **FIELDER**  
CITY-ST-ZIP **4939 TARA VIEW RD  
LEESBURG FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **DAVIS, DICK**  
5.4 CITY-ST-ZIP **26011 GLEN EAGLE DR  
LEESBURG, FL 34748**

TITLE ☒ DELETE  
NAME **VP**  
STREET ADDRESS **O'BRIEN REGIS**  
CITY-ST-ZIP **25718 BELLE HELENE  
LEESBURG FL**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **FIMMANO, CARL**  
6.4 CITY-ST-ZIP **4726 TARA VIEW RD.  
LEESBURG, FL 34748**

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JUDITH G. COON

1-21-99 352-365-0658  
Date Daytime Phone #

CR2E037 (11/98)