

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32782

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SEWELL, STEPHEN
907 WEBSTER
LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	TD BOND, JOYCE M	<input type="checkbox"/> Delete
STREET ADDRESS	4740 TARA VIEW ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE NAME	PD LASHAY, MAL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5500 ZINNIA ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	VD HOFFINGER, MURRAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	25270 LOST OAK CIR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	SD HUMMER, PATRICIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4342 LEAFWAY CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	D DAVIS, DICK	<input type="checkbox"/> Delete
STREET ADDRESS	26011 GLEN EAGLE DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	D FIMMANO, CARL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4726 TARA VIEW RD	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD JOYCE BONO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4740 TARA VIEW ROAD	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE NAME	PD BILL SENDELBACH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3835 PLANTATION BLVD.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE NAME	VP CARL FIMMANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4726 TARA VIEW ROAD	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE NAME	SD SHIRLEY HOAG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4318 LEAFWAY CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE NAME	D LUE MAGGIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	25434 CRESTWATER DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34748	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOYCE M. BONO JOYCE M. BONO 1/31/01 (352) 326-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)