

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0089767

DOCUMENT # N32782

1. Entity Name

PLANTATION RESIDENTS ORGANIZATION, INC.

03-06-2002 90034 026 ****61.25

Principal Place of Business

Mailing Address

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

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

J U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2957646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BONO, JOYCE M	
STREET ADDRESS	4740 TARA VIEW ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SENDELBACH, BILL	
STREET ADDRESS	3835 PLANTATION BLVD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FIMMANO, CARL	
STREET ADDRESS	4726 TARA VIEW ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOAG, SHIRLEY	
STREET ADDRESS	4318 LEAFWAY CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DICK	
STREET ADDRESS	26011 GLEN EAGLE DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGGIN, LUE	
STREET ADDRESS	25434 CRESTWATER DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, JO	
STREET ADDRESS	25812 BELLE ALLIANCE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOAG, SHIRLEY	
STREET ADDRESS	4318 LEAFWAY CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORD, BILL	
STREET ADDRESS	26332 GLEN EAGLE 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** 2/15/02 352-326-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)