FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

FILED Mar 27 1998 8:00am Secretary of State

PLANTATION NEIGHBORHOOD PROPERTY OWNERS ASSOCIAT				.=
ION, INC.				
Principal Place of Business		Mailing Address		—
% GEORGE M. HARPER 407 PLANTATION RD TALLAHASSEE FL 32303		% GEORGE M. HARPER 407 PLANTATION RD TALLAHASSEE FL 32303		3. Date Incorporated or Qualified 09/12/1989 4. FEI Number Applied For
				44-9227861 Not Applicable
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Confribution Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		0	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ant Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
HARPER, GEORGE M.				
	NTATION RD		82 Street Addre	ess (P.O. Box Number Is Not Acceptable)
TALLAHASSEE FL 32303			83	
			84 City	85 Zip Code
MM. Diversional h	1 Carlos 617 0	100 and 017 1500 Florida C tal tax		┡┺┤╎
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.				
	m tamiliar with, and accept the ob-	gations of, Section 617.0503, Flori	da Statutes.	
SIGNATURE _	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE:	Registered Agent signature require	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DTS	☐ DELETE	1.1 TITLE	Change Addition
NAME	HARPER, GEORGE M. 407 PLANTATION RD		1.2 NAME	
STREET ADDRESS	TALLAHASSEE FL		1.3 STREET ADORESS	
CITY-ST-ZIP TITLE	DP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	SMITH, WILLIAM C.		2.2 NAME	
STREET ADDRESS	416 PLANTATION RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	Change Addition
NAME	MORSE, J.M.		3.2 NAME	
STREET ADDRESS	504 PLANTATION RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-\$T-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	1
CITY-ST-ZIP		DELETE	5.4 CITY+ST+ZIP 6.1 TITLE	Change Addition
TITLE		- Decemb	6.2 NAME	- Change - Addition
NAME STREET ADDRESS			6.3 STREET ADDRESS	
			6.4 CITY - ST - ZIP	
14. Lhereby c	ertify that the information supplied	with this fiting does not qualify for		Section 119.07(3)(i). Florida Statutes, I further certify that the information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turther certify that the informatic 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 teceiver 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.