

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90173 026 ****61.25

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DOCUMENT # N34124

1. Corporation Name

PLANTATION NEIGHBORHOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

% GEORGE M. HARPER
407 PLANTATION RD
TALLAHASSEE FL 32303

Mailing Address

% GEORGE M. HARPER
407 PLANTATION RD
TALLAHASSEE FL 32303



2. Principal Place of Business 21 % EMMETT L. OWENS	2a. Mailing Address 26 % EMMETT L. OWENS	3. Date Incorporated or Qualified 09/12/1989
Suite, Apt. #, etc. 22 501 PLANTATION RD.	Suite, Apt. #, etc. 27 501 PLANTATION RD.	4. FEI Number 44-9227861
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32303	Country 25 U.S.	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 32303	Country 30 U.S.	

9. Name and Address of Current Registered Agent

HARPER, GEORGE M.
407 PLANTATION RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name EMMETT L. OWENS
82 Street Address (P.O. Box Number is Not Acceptable) 501 PLANTATION RD
83
84 City TALLAHASSEE FL
85 Zip Code 32303

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 **EMMETT L. OWENS** *Emmett L. Owens* **1/20/99**
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 DTS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARPER, GEORGE M.		1.2 NAME RYALS E. LEE, SR	
STREET ADDRESS 407 PLANTATION RD		1.3 STREET ADDRESS 420 PLANTATION RD	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, WILLIAM C.		2.2 NAME L. LEE WILLIS, II	
STREET ADDRESS 416 PLANTATION RD		2.3 STREET ADDRESS 411 PLANTATION RD	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORSE, J.M.		3.2 NAME EMMETT L. OWENS	
STREET ADDRESS 504 PLANTATION RD		3.3 STREET ADDRESS 501 PLANTATION RD	
CITY-ST-ZIP TALLAHASSEE FL		3.4 CITY-ST-ZIP TALLAHASSEE, FL 32303	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **EMMETT L. OWENS** *Emmett L. Owens* **1/20/99** **850-385-4583**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)