FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35394

(8)

PLANTATION ACRES HOMEOWNERS' ASSOCIATION, INC.

ROUTE 3. BOX 267 TALLAHASSEE FL 32308

21

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Malling Address

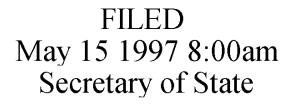
City & State

27

28

Suite, Apt. #, etc.

ROUTE 3, BOX 267 TALLAHASSEE FL 32308-9777





 \Box

3. Date Incorporated or Qualified 11/28/1989

59-1561210

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation has liab	ility for intangible	lax under	s. 199.032,	ĺ
24	25	29	30			Florida Statutes	Yes [
9. Name and Address of Current Registered Agent						10. Name and Address of I	New Registered A	gent		ļ
				81	Name					l
HATCH, BARBARA				82	Street Addre	ess (P.O. Box Number is Not A	cceptable)			1
ROUTE 3, BOX 267						·				
TALLAHASSEE FL 32308										١
			i	84	City			85 Zi	p Code	ł
i							FL			_
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 tills if applicable (NO)	1 C. Dunistosa	d A 200	nt signature require:	d when tripolet no	DATE			1
12. OFFICERS AND DIRECTORS 13.					it eighaidib ioddire.	ADDITIONS/CHANGES TO		DIBEC10	ORS IN 12	18
TITLE	DP	DELETE	11 II	TLE		The state of the s		Chang		18
NAME !	BOSTWICK, GREGORY		1.2 N/	AME	i			•		1
STREET ADDRESS	10191 THOUSAND OAKS CIR			IREET	ADDRESS					[8
CITY-ST-ZIP	TALLAHASSEE FL		1	TY-\$1						ķ
TITLE	DS	DELETE	2.1 Tr					Chang	e Addition	₹
NAME	HATCH, BARBARA		2.2 N/	AME						l
STREET ADDRESS	RT. 3, BOX 267		2.3 ST	rree1.	ADDRESS					Ì
CITY-ST-ZIP	TALLAHASSEE FL		2.40	ITY-S	3T-2(P					١
TITLE	DV	DELETE	3.1 TI	TLE			<u> </u>	Chang	e Addition]
NAME	DANAHER, EUGENE		3.2 N/	4ME						l
STREET ADDRESS	RT 3 BOX 249			TREET	ADORESS					1
CITY-ST-ZIP	TALLAHASSEE FL		3.4. C	ITY-S	ST-ZIP					
TITLE	DT	☐ DELETE	4.1 (1)	TLF				Chang	e 🔲 Addition]
NAME	KYSER, CAVELL		4 2 N	IAME	{					
STREET ADDRESS	RT 3 BOX 255			TREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CI	ITY - S	T-21P					ļ
TITLE		☐ DELETE	5.1 TI	TLE				☐ Chang	e 🔲 Addition	
NAME			52 N/	AME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CI	11Y-S	T-ZIP					1
TITLE		☐ DELETE	6.1 Tr	TLF	- 1			Chang	e 🔲 Addition	1
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 ST	TREET	ADDRESS					
CITY-ST-ZIP			6.4 CI							1
informatio	by certify that the information supplied in Indicated on this annual report or su flicer or director of the corporation or the In Block 12 or Block 13 if changed, or c	pplemental annual report is he receiver or trustee empor	true and a wered to a	accu	irate and that i	my signature shall have the sa	me legal effect as	if made	under oath: that	

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