

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90006 025 \*\*\*\*61.25

0008186

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N35394**

1. Corporation Name

**PLANTATION ACRES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

ROUTE 3, BOX 267  
TALLAHASSEE FL 32308

Mailing Address

ROUTE 3, BOX 267  
TALLAHASSEE FL 32308



2. Principal Place of Business

21 10080 Thousand Oaks Cir

Suite, Apt. #, etc.

22

23 Tallahassee FL

Zip Country

24 32308

25

2a. Mailing Address

26 10286 Thousand Oaks Cir.

Suite, Apt. #, etc.

27

28 Tallahassee FL

Zip Country

29 32308

30

3. Date Incorporated or Qualified

11/28/1989

4. FEI Number

59-1561210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HATCH, BARBARA  
ROUTE 3, BOX 267  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

10080 Thousand Oaks Circle

83

84 City

Tallahassee

FL

85 Zip Code

32308

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME BOSTWICK, GREGORY  
STREET ADDRESS 10191 THOUSAND OAKS CIR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DS ☐ DELETE

NAME HATCH, BARBARA  
STREET ADDRESS RT. 3, BOX 267  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DV ☒ DELETE

NAME DANAHER, EUGENE  
STREET ADDRESS RT 3 BOX 249  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DT ☐ DELETE

NAME KYSER, CAVELL  
STREET ADDRESS RT 3 BOX 255  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cavell Kyser* SIGNATURE RECEIVED: *Kyser*

4/27/99

850-893-

2459

CR2E037 (11/98)