

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90301 030 ****61.25

DOCUMENT # N35394

1. Entity Name

PLANTATION ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**10080 THOUSAND OAKS CIR
TALLAHASSEE FL 32308**

Mailing Address

**10286 THOUSAND OAKS CIR
TALLAHASSEE FL 32308-4079**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1561210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HATCH, BARBARA
10080 THOUSAND OAKS CIR
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	HATCH, BARBARA	
STREET ADDRESS	10080 THOUSAND OAKS CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DANAHER, EUGENE	
STREET ADDRESS	RT 3 BOX 249	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KYSER, CAVELL	
STREET ADDRESS	10080 THOUSAND OAKS CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director / President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose Goodson	
STREET ADDRESS	10104 Thousand Oaks Circle	
CITY-ST-ZIP	Tallahassee FL 32308	
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		

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:

CAUTION: SIGNATURE REQUIRED
CAVELL KYSER

4-27-00

893-2459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)