

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-22-96

6-4/26

DOCUMENT # **N44015 (8)**

1. Corporation Name
PLANTATION GOLF AND COUNTRY CLUB, INC.



Principal Place of Business: **500 ROCKLEY BLVD VENICE FL 34293**
Mailing Address: **500 ROCKLEY BLVD VENICE FL 34293**

3. Date Incorporated or Qualified: **06/20/1991**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0273104	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HAHN, ROBERT J
818 CARNOUSTIE DR
VENICE FL 34293**

10. Name and Address of New Registered Agent

81 Name: **Eugene Coppola**
82 Street Address (P.O. Box Number is Not Acceptable): **500 Rockley Blvd.**
83
84 City: **Venice** FL 85 Zip Code: **34293**

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: *Eugene Coppola* DATE: **4-16-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPPOLA, EUGENE	1.2 NAME	James Barcus
STREET ADDRESS	500 ROCKLEY BLVD	1.3 STREET ADDRESS	500 Rockley Blvd.
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FL 34293
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERR, I. LAWRENCE	2.2 NAME	Arthur McCarthy
STREET ADDRESS	500 ROCKLEY BLVD	2.3 STREET ADDRESS	500 Rockley Blvd.
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FL 34293
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLIESMANN, JOHN B	3.2 NAME	
STREET ADDRESS	500 ROCKLEY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, ROBERT J	4.2 NAME	
STREET ADDRESS	500 ROCKLEY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: *Eugene Coppola* DATE: **4-16-96** DAYTIME PHONE #: **941-497-1494**

CR2E037 (12/95)