

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N45360 (7)**  
 1. Corporation Name  
**PLAYGROUND PARTNERS, INCORPORATED**



Principal Place of Business: **600 W AVENIDA DEL RIO CLEWISTON FL 33440**  
 Mailing Address: **600 W AVENIDA DEL RIO CLEWISTON FL 33440**

3. Date Incorporated or Qualified: **09/27/1991**  
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0285968**  
 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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LEAR, STEVEN D.  
 111 PONCE DE LEON AVE  
 CLEWISTON FL 33440**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUSSEAU, KEITH</b>	1.2 NAME	
STREET ADDRESS	<b>600 W AVENIDA DEL RIO</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEWISTON FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREWINGTON, MICHELLE</b>	2.2 NAME	
STREET ADDRESS	<b>211 RIDGEWOOD AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEWISTON FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>1004 PONCE DE LEON</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEWISTON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACK, VONITA</b>	4.2 NAME	
STREET ADDRESS	<b>607 SAGINAW AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEWISTON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAULKINS, JEFFREY</b>	5.2 NAME	
STREET ADDRESS	<b>229 VIA DEL AQUA</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEWISTON FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUSSEAU, KATHY</b>	6.2 NAME	
STREET ADDRESS	<b>600 W AVENIDA DEL RIO</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEWISTON FL</b>	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: KEITH CAUSSEAU **6/30/96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)