

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50683 (4)

1. Corporation Name

**PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**RT 4 BOX 6380-20
CRAWFORDVILLE FL 32327
US**

**RT 4 BOX 6380-20
CRAWFORDVILLE FL 32327
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/02/1992

04/29/1994

4. FEI Number

Applied For

59-3163840

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Route 4, Box 6380-20

26 Route 4, Box 6380-20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Crawfordville, Florida

28 Crawfordville, Florida

Zip

Country

Zip

Country

24 32327

25 Wakulla

29 32327

30 Wakulla

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUCE, DELAINA L
ROUTE 4, BOX 6380-20
CRAWFORDVILLE FL 32327**

81 Name

Delaina L. Bruce

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

379 Maryann Drive

83

84 City

Crawfordville

FL

85 Zip Code

32827

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BRUCE, DELAINA L
ROUTE 4, BOX 6380-20
CRAWFORDVILLE FL 32327**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BAIRD, ROBIN
ROUTE 3, BOX 5104
CRAWFORDVILLE FL 32327**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MERRITT, CINDI
204 RIDGE ROAD
TALLAHASSEE FL 32310**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
VAUGHN, MARY
8072 WAKULLA SPRINGS RD .
TALLAHASSEE FL 32310**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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: Delaina L. Bruce / Delaina L. Bruce

3-31-95

488-6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name #