

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50683 (4)

1. Corporation Name

PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, I
NC.



Principal Place of Business

Mailing Address

ROUTE 4, BOX 6380-20
CRAWFORDVILLE FL 32327
US

ROUTE 4, BOX 6380-20
CRAWFORDVILLE FL 32327
US

3. Date Incorporated or Qualified

09/02/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 379 Maryann Drive

26 379 Maryann Drive

4. FEI Number

59-3163840

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Crawfordville, Florida

City & State

28 Crawfordville, Florida

Zip

24 32327

Country

25 Wakulla

Zip

29 32327

Country

30 Wakulla

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE, DELAINA L
379 MARYANN DRIVE
CRAWFORDVILLE FL 32327

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

DeLaina L. Bruce

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

(NOTE: Registered Agent signature required when reinstating)

4-8-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE VPD ☒ DELETE

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

TITLE SD ☒ DELETE

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

TITLE TD ☒ DELETE

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

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 PD ☐ Change ☐ Addition

1.2 NAME Bruce, Delaina L.
1.3 STREET ADDRESS 379 Maryann Drive
1.4 CITY-ST-ZIP Crawfordville, Florida 32327

2.1 TITLE SD/TD ☐ Change ☐ Addition

2.2 NAME Laura Roberts
2.3 STREET ADDRESS 8072B Wakulla Springs Road
2.4 CITY-ST-ZIP Tallahassee, Florida 32310

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Mary Vaughn
3.3 STREET ADDRESS 8072 Wakulla Springs Road
3.4 CITY-ST-ZIP Tallahassee, Florida 32327

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 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:

DeLaina L. Bruce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

Date

904-488-6557

Daytime Phone #

CR2E037 (12/95)