FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N50683

(4)

PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, I

FILED

Jul 18 1997 8:00am

Secretary of State

NÇ.						
Principal Plac	e of Business	Mailing Address			HIL BINIL NINSI NIBIL NINIL NINIL NINIL NINIL	
379 MARYANN DRIVE CRAWFORDVILLE FL 32327 US		379 MARYANN DRIVE CRAWFORDVILLE FL 32327-0460 US				
1				3. Date Incorporated or Qualified 09/02/1992	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 379		26 379 MARI	HUND DEIME	59-3163840	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 CLAWFORD	with Flance	6. Election Campaign Financing	\$5.00 May Be	
23 (X) (X) Zip	FORDULIS FIA. Country	Zip	Country		Added to Fees	
24 323		29 32327	30 WAKULL	R. This corporation has liability for it Florida Statutes	Ntanglible lax under s. 199.032,	
	9. Name and Address of Current			10. Name and Address of New Re	glatered Agent	
B1 Name						
BRUCE, DELAINA L				Address (P.O. Box Number is Not Acceptab	ole)	
	YANN DRIVE		ļ <u>_</u> _			
CRAWFORDVILLE FL 32327			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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PÒ	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition	
NAME	BRUCE, DELAINA L		1.2 NAME	BRUCE, DELAINA L		
STREET ADDRESS	379 MARYANN DRIVE		1.3 STREET ADORESS	379 MARYANN DRIVE	Į.į	
CITY+ST-ZIP	CRAWFORDVILLE FL 32327	Dougle	1.4 CITY - ST - ZIP	CRAWFORDVILLE, FL #323		
TITLE	SOTO LAUDA	☐ DELETE	2.1 TITLE	T	Change L Addition	
NAME OTOSET ADDRESS	Roberts, Laura 8072B Wakulla Springs Ro	AT)	2.2 NAME	ROBERTS, LAURA		
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL 32310	NU	2.3 STREET ADDRESS 2.4 City-St-Zip	146 MARYANN DRIVE		
TITLE	D	DELeir	3.1 TITLE	GRAWFORDVILLE, FL 808	32327 Change Addition	
NAME	VAUGHN, MARY	-	3.2 NAME	VAUGHN, MARY	. Х	
STREET ADDRESS	8072 WAKULLA SPRINGS ROA	D	3.3 STREET ADDRESS	8072 WAKULLA SPRINGS F	D.	
CITY-ST-ZIP	TALLAHASSEE FL 32327		3.4. CITY-ST-ZIP	TALLAHASSEE, FL. 32310)	
TITLE	·	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP		Louete	4.4 CITY - ST - ZIP		Change Laddeler	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME)	
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME			6.2 NAME		g	
STREET ADDRESS			6.3 STREET ADDRESS			

14. If do 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 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.