FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

i. Corporatio	11 Marino	` '			
PLANT NC.	ATION ACRES ROAD MAI	INTENANCE ASSOCIATIO	N, I		
Principal Plac	e of Business	Mailing Address			ı nedirinin diri arısı derine direk tarak kırı didik ikleri ardır didik dilkir direk yaldır
379 MARYANN ORIVE CRAWFORDVILLE FL 32327 US		379 MARYANN DRIVE CRAWFORDVILLE FL 32327 US			3. Date Incorporated or Qualified 09/02/1992
U3		US			4. FEI Number Applied For
					59-3163840 Not Applicable
2. Principal Place of Business 21		2a. Malling Address 26	26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State	1		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	S. Name and Aboress of Curr	ant registered Apolt		31 Name	IO. Hame bild Advises of Hear Healistered Agent
DDI ICE	DELAINA L		L		
			[8	Street /	Address (P.O. Box Number is Not Acceptable)
379 MARYANN DRIVE CRAWFORDVILLE FL 32327			ļ.	33	
UNANTI	ONDVICLE PL 32321		[`	~	
			[ē	City	FL 85 Zip Code
11 Pureuent	to the provisions of Sections 617 Of	502 and 617 1508 Florida Statute	e the aby	ove-named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was au	thorized	by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
		1	IOR SIRIU	185.	A 12 QQ
SIGNATURE .	Signature, typed or printed harne of registered a	gent and title if applicable (NOTE:	Registered /	Agent signatura	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E	Change Addition
NAME	BRUCE, DELAINA L		1.2 NAME		
STREET ADDRESS	379 MARYANN DRIVE	379 MARYANN DRIVE		EET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	2.1 TITL	ŧ	☐ Change ☐ Addition
NAME	ROBERTS, LAURA	221		IE .	
STREET ADDRESS	146 MARYANN DRIVE		2.3 STRI	EET ADDRESS	
CITY-ST-ZIP	CRAWFOROVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D DELETE		3.1 TITL	E]	☐ Change ☐ Addillon
NAME	VAUGHN, MARY		3.2 NAME		
STREET ADDRESS	······································		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP	
TITLE		☐ DELETE	4.1 TITU	E	Change Addition
NAME			4. 2 NA	AE	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	
TITLE		DELETE	5.1 TITL		Change Addition
NAME .			E O MANA	r	

14. I hereby certify that the information supplied with this fifing 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.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

DELETE

FILED

Apr 29 1998 8:00am

Secretary of State

__ Change

Addition