

N506 83

(Requestor's Name)

(Address)

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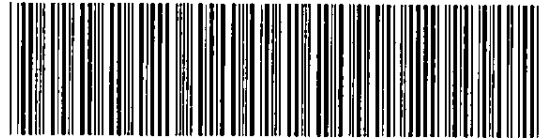
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name
Ken Kirtan
Address
P.O. Box 1236
Clville Fla 32327 545-6123
City State Zip Phone

05/02/92-00118-001
QUESTIONS: CHARTERS, FORMS,
REGISTERED, MEMBERSHIP, ETC.
OFFICE: 11110-0000000000000000
TALLAHASSEE, FLORIDA 32301-0000

CORPORATION(S) NAME

PLANTATION ACRES Road Maintenance Association Inc

- | | | |
|--|---|--|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☐ Other |
| ☐ Limited Partnership | ☐ Reservation | ☐ Change of R.A. |
| ☐ Reinstatement | ☐ Photo Copies | ☐ CUS |
| ☒ Certified Copy | ☐ Call When Ready | ☐ Call if Problem |
| ☐ Call When Ready | ☒ Walk In | ☐ After 4:30 |
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ARTICLE OF INCORPORATION

OF

PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, INC.

The undersigned, acting as incorporators, do hereby adopt the following Articles of Incorporation, pursuant to Chapter 617, Florida Statutes:

ARTICLE I

The name of the corporation shall be PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, INC., with its initial principal place of business at Highway 319, Courthouse Square, Crawfordville, Florida 32327 and with Kenneth M. Kirton being its initial registered agent at said address.

ARTICLE II

The corporation shall have perpetual existence, commencing with the filing of these Articles of Incorporation with the Secretary of State, The Capitol, Tallahassee, Florida 32399.

ARTICLE III

The purpose of the corporation shall be to maintain the roads within Plantation Acres, as more particularly described in Exhibit "A" attached, and to perform all acts necessary and incident thereto as may be legal under the laws of the State of Florida and of the United States of America.

ARTICLE IV

Each lot owner within said subdivision shall be a member of this corporation, with each lot being entitled to

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TALLAHASSEE, FLORIDA

one vote, with a majority of the lots constituting a quorum, and with all business of the corporation being transacted upon a majority vote of the lots constituting said quorum or being otherwise present.

ARTICLE V

The business of the corporation shall be transacted by a Board of Directors, consisting of not less than 3 and not more than 5 members. The Board shall be elected by the lot owners pursuant to Article IV, and the Board shall elect a President, Vice-President and Secretary-Treasurer from persons elected to the Board. The Incorporators shall serve as the initial Board of Directors until the initial meeting of the membership.

ARTICLE VI

The names and addresses of the incorporators are:

1. Kenneth M. Kirton
Rt. 2, Box 4237-20
Crawfordville, FL 32327
2. Paula Knowles
Rt. 4, Box 5931
Crawfordville, FL 32327
3. Edwin Culbreath
Post Office Box 1260
Panacea, FL 32346 also 10 Church Street
Crawfordville, FL 32327

ARTICLE VII

In the event of dissolution of this corporation, the assets shall be transferred to a similar non-profit corporation and shall not inure to the benefit of any other person or organization.

ARTICLE VIII

These Articles of Incorporation and the Bylaws of this Corporation may be amended, altered, made, rescinded or otherwise modified at any time at any regular or special meeting of the membership by a vote of two-thirds of the lot owners with each lot being entitled to one lot.

IN WITNESS WHEREOF, the Incorporators have hereunto set their hands and seals, this 23rd day of May, 1992.


KENNETH M. KIRTTON
Incorporator and
Registered Agent


PAULA KNOWLES
Incorporator


EDWIN CULBREATH
Incorporator

ACCEPTANCE

I, KENNETH M. KIRTTON, do hereby accept the designation of registered agent for the foregoing corporation.

DATED this 23rd day of May, 1992.


KENNETH M. KIRTTON
Registered Agent
Rt. 2, Box 4237-20
Crawfordville, FL 32327

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1992 SEP -2 PM 11 44
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF WAKULLA

Before me this day personally appeared KENNETH M. KIRTON, EDWIN CULBREATH, and PAULA KNOWLES, to be well known, who acknowledged before me that they executed the foregoing instrument for the purposes therein expressed. Signing parties all personally known to notary, no identification necessary.

WITNESS by hand and official seal, this 23rd day of May, 1992.

(Seal)

Cheryll E. Olah
Notary Public
Cheryll E. Olah
My Commission Expires:

Notary Public, State of Florida
My Commission Expires Feb. 16, 1994

Commission No. AA 748932

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TALLAHASSEE, FLORIDA

EXHIBIT "A"

I hereby certify that this is a true and correct representation of the following described property and that this description meets the minimum technical standards for land surveying (Chapter 21-BH-6, Florida Administrative Code).

A 60.00 foot roadway easement lying 30.00 feet each side of the following described centerline:

Commence at a concrete monument marking the Northeast corner of the Northeast quarter of Section 5, Township 3 South, Range 1 East Wakulla County, Florida and proceed South 01 degrees 49 minutes 52 seconds West along the East boundary of the Northeast quarter of said Section 5 to the Westerly boundary of Springwood Phase II as per map or plat thereof recorded in Plat Book ____ Page ____ of the Public Records of Wakulla County, Florida a distance of 2165.62 feet to the centerline of the aforementioned 60.00 foot roadway easement and the POINT OF BEGINNING. From said POINT OF BEGINNING thence run along said centerline the following courses and distances: North 88 degrees 10 minutes 08 seconds West 637.29 feet, thence North 01 degrees 28 minutes 19 seconds East 126.17 feet, thence North 89 degrees 46 minutes 53 seconds West 1380.60 feet, thence North 01 degrees 28 minutes 19 seconds East 1380.60 feet, thence South 89 degrees 46 minutes 53 seconds East 1380.69 feet, thence South 01 degrees 28 minutes 19 seconds West 1506.77 feet, thence South 88 degrees 10 minutes 08 seconds East 637.29 feet to the point of terminus and POINT OF BEGINNING of said centerline.

The undersigned surveyor has not been provided a current title opinion or abstract of matters affecting title or boundary to the subject property. It is possible there are deeds of record, unrecorded deeds, easements or other instruments which could affect the boundaries.

File Now. Filing Fee after May 1 is \$225.00

INCORPORATION
ANNUAL REPORT
1993



SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N50683 (4)

PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, INC.
HIGHWAY 319
COURTHOUSE SQUARE
CRAWFORDVILLE FL 32827-3079

DO NOT WRITE IN THIS SPACE

3. (Date incorporated or Qualified) 09/02/1992	3a. (Date of Last Meeting) 10/09/1992
4. FEI Number 59-3163846	5. Corporate Status Designation ☐ \$8.75 Agent Fee ☐ \$5.00 May Be Added to Fees ☒ \$138.75 Full Payment Fee Not Required
6. (Type of Corporation) Tax Exempt Status ☐	7. (Type of Corporation) Tax Exempt Status ☐
8. (Type of Corporation) Tax Exempt Status ☒	9. (Type of Corporation) Tax Exempt Status ☐

2. (Type of Corporation) ANNUAL REPORT \$61.25 + \$130.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	
21. (Type of Corporation) Rt 4, Box 6404	22. (Type of Corporation) Crawfordville, Florida
23. (Type of Corporation) 32327	24. (Type of Corporation) Wakulla

KIRTON, KENNETH M.
HIGHWAY 319
COURTHOUSE SQUARE
CRAWFORDVILLE FL 32327

01. Name Hubert H. Merritt	02. Address (P.O. Box or Home or Post Office) 221 Ross Road	03. City Tallahassee FL	04. State 32310	05. Zip Leon
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Hubert H. Merritt

DATE **4-8-93**

KIRTON, KENNETH M.
RT. 2, BOX 4237-20
CRAWFORDVILLE FL

KNOWLES, PAULA
RT. 4 BOX 5831
CRAWFORDVILLE FL

CULBREATH, EDWIN
10 CHURCH ST.
CRAWFORDVILLE FL

President / D
Hubert H. Merritt
221 Ross Road
Tallahassee, Florida 32310
Vice President / D
Glenn Walden
204 Ridge Rd
Tallahassee, Florida 32310
Secretary / D
Delaina Bruce
Rt 4 Box 6404
Crawfordville, Florida 32827
Treasurer
Mary Vaughn
8072 Wakulla Springs Rd
Tallahassee, Florida 32310

SIGNATURE *Hubert H. Merritt*
Hubert H. Merritt President

4-8-93

904 877-1625

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

94 APR 29 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Corporation Name Plantation Acres Road Maintenance Association	DOCUMENT # N50683 (4)
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Mailing Address Route 4, Box 6380-20 Crawfordville, Florida 32327	Principal Place of Business
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below		3. Date incorporated or Qualified 09/02/1992	3a. Date of Last Report 04/21/93
2. Mailing Address 21. Route 4, Box 6380-20 Suff. Act. #, etc.	2a. Principal Place of Business 26. Route 4, Box 6380-20 Suff. Act. #, etc.	4. FEI Number 59-3163840	5. Certificate of Status Cleared \$8.75
22. City & State Crawfordville, Florida 24. Zip 32327	27. City & State Crawfordville, Florida 28. Zip 32327	6. Election Company Filing Franchise Documents \$5.00 May Se Added to Fees	7. Nonprofit Exempt from \$135.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent DeLaina L. Bruce Route 4, Box 6380-20 Crawfordville, Florida 32327		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. State FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the 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 and hereby is accepted by the registered agent, I am familiar with, and accept the obligations of, Section 607.0503 or 617.0503, Florida Statutes.

SIGNATURE: DeLaina L. Bruce DATE: 4-29-94
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE President/D	12. NAME DeLaina L. Bruce	11. TITLE	12. NAME
13. STREET ADDRESS Route 4, Box 6380-20	14. CITY, STATE, ZIP Crawfordville, Florida 32327	13. STREET ADDRESS	14. CITY, STATE, ZIP
15. TITLE Vice President/D	16. NAME Robin Baird	15. TITLE	16. NAME
17. STREET ADDRESS Route 3, Box 5104	18. CITY, STATE, ZIP Crawfordville, Florida 32327	17. STREET ADDRESS	18. CITY, STATE, ZIP
19. TITLE Secretary/D	20. NAME Cindi Merritt	19. TITLE	20. NAME
21. STREET ADDRESS 204 Ridge Road	22. CITY, STATE, ZIP Tallahassee, Florida 32310	21. STREET ADDRESS	22. CITY, STATE, ZIP
23. TITLE Treasurer/D	24. NAME Mary Vaughan	23. TITLE	24. NAME
25. STREET ADDRESS 8072 Wakulla Springs Road	26. CITY, STATE, ZIP Tallahassee, Florida 32310	25. STREET ADDRESS	26. CITY, STATE, ZIP
27. TITLE	28. NAME	27. TITLE	28. NAME
29. STREET ADDRESS	30. CITY, STATE, ZIP	29. STREET ADDRESS	30. CITY, STATE, ZIP
31. TITLE	32. NAME	31. TITLE	32. NAME
33. STREET ADDRESS	34. CITY, STATE, ZIP	33. STREET ADDRESS	34. CITY, STATE, ZIP
35. TITLE	36. NAME	35. TITLE	36. NAME
37. STREET ADDRESS	38. CITY, STATE, ZIP	37. STREET ADDRESS	38. CITY, STATE, ZIP

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288.00

TAW
4-29-94

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that the information supplied is not false or misleading in any material particular. I understand that the information supplied is subject to review by the Department of State and that the information supplied may be made available to the public. I understand that the information supplied is subject to review by the Department of State and that the information supplied may be made available to the public. I understand that the information supplied is subject to review by the Department of State and that the information supplied may be made available to the public.

SIGNATURE: DeLaina L. Bruce DeLaina L. Bruce 4-26-94 488-6557
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR OFFICER

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

ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
JAMES B. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50683 (4)

PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, INC.

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
RT 4 BOX 6380-20 CRAWFORDVILLE FL 32327 US		RT 4 BOX 6380-20 CRAWFORDVILLE FL 32327 US		3. Date Incorporated or Qualified 09/02/1992 3a. Date of Last Report 04/28/1994 4. FEI Number 59-3163840 Applied For Term Applicable	
2. Previous Place of Business		2a. Mailing Address		5. Certificate of Status Design ☐ \$8.75 Additional Fee Required	
21. Route 4, Box 6380-20		26. Route 4, Box 6380-20		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required	
23. Crawfordville, Florida		28. Crawfordville, Florida		8. This corporation has liability for intangible tax under S. 190(2) Florida Statutes ☐ Yes ☒ No	
24. 32327		29. 32327		9. Name and Address of Current Registered Agent	
25. Wakulla		30. Wakulla		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 32327	

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation is a corporation organized under the laws of the State of Florida, and that the above-named corporation is a corporation organized under the laws of the State of Florida, and that the above-named corporation is a corporation organized under the laws of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
PD BRUCE, DELAINA L. ROUTE 4, BOX 6380-20 CRAWFORDVILLE FL 32327	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Add	
VPD BAIRD, ROBIN ROUTE 3, BOX 5104 CRAWFORDVILLE FL 32327	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Add	
SD MERRITT, CINDI 204 RIDGE ROAD TALLAHASSEE FL 32310	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Add	
TD VAUGHN, MARY 8072 WAKULLA SPRINGS RD. TALLAHASSEE FL 32310	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Add	
	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Add	
	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Add	

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation is a corporation organized under the laws of the State of Florida, and that the above-named corporation is a corporation organized under the laws of the State of Florida, and that the above-named corporation is a corporation organized under the laws of the State of Florida.

SIGNATURE: Delaina L. Bruce / Delaina L. Bruce

3-31-95

488-6557