

FILE NOW: FILING FEE IS \$61.25

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**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50737 (8)
 1. Corporation Name
PLANTATION HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business 8949 N.W. 9TH PLACE PLANTATION FL 33324 US	Mailing Address 8949 N.W. 9TH PLACE PLANTATION FL 33324 US
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3. Date Incorporated or Qualified 09/08/1992
4. FEI Number 65-0368584
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ZEI, WILLIAM
707 S.W. 3RD AVENUE
FIFTH FLOOR
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, ARNOLD 5681 S.W. 9TH STREET PLANTATION FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOUSTON, JAMES E. 6201 BANYAN TERRACE PLANTAAATION FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HACKETT, PAM 8949 N.W. 9TH PLACE PLANTATION FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HACKETT, PAM 8949 NW 9TH PLACE PLANTATION FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMRICH, ELMER 6192 S.W. 2ND COURT PLANTATION FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, ROBERT 400 NW 70TH AVE #210 PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE: *Pam Hackett* **PAM HACKETT 2/10/98 561-279-1616**

CF25037 (10/97)