

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90127 048 ****61.25

DOCUMENT # N96000004089

1. Corporation Name

ELMWOOD PLANTATIONS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

117 PARADISE ISLAND DR
DEFUNIAK SPRINGS FL 32433

Mailing Address

117 PARADISE ISLAND DR
DEFUNIAK SPRINGS FL 32433



2. Principal Place of Business

21

Suite, Apt. #, etc.

43 Laird Rd.

City & State

Crestview, FL

Zip

32539

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

43 Laird Rd.

City & State

Crestview, FL

Zip

32539

Country

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

59-3398224

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

9. Name and Address of Current Registered Agent

PARMENTER, WILLIAM D
117 PARADISE ISLAND DR
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 43 Laird Rd.

84 City

Crestview

FL

85 Zip Code

32539

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD PERMENTER, WILLIAM D

STREET ADDRESS 236 SABINE DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE ☐ DELETE

NAME VD BEASLEY, MARY E

STREET ADDRESS 1302 N FIRST ST
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ DELETE

NAME STD PERMENTER, ELIZABETH A

STREET ADDRESS 236 SABINE DRIVE
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (850) 892-2103
Date Daytime Phone #

CR2E037 (11/98)