

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742043 (3)

1. Corporation Name

PLANTATION-BY-THE-SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 87465 OLD HIGHWAY ISLAMORADA FL 33036
Mailing Address: 87465 OLD HIGHWAY ISLAMORADA FL 33036

3. Date Incorporated or Qualified: 03/01/1978
3a. Date of Last Report: 10/20/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1886607
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULICK, NICHOLAS W
88539 OVERSEAS HWY.
TAVERNIER FL 33070

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	DAVISSON, DIANA	1.1 TITLE: D	EADES, BARNEY
NAME: DAVISSON, DIANA	87465 OLD HWY #250	1.2 NAME: EADES, BARNEY	P. O. BOX 182
STREET ADDRESS: 87465 OLD HWY #250	ISLAMORADA FL	1.3 STREET ADDRESS: P. O. BOX 182	ISLAMORADA, FL 33036
CITY-ST-ZIP: ISLAMORADA FL		1.4 CITY-ST-ZIP: ISLAMORADA, FL 33036	
TITLE: VP	WOODS, BARBARA	2.1 TITLE: ACTING PRESIDENT	
NAME: WOODS, BARBARA	87465 OLD HWY #207	2.2 NAME: ACTING PRESIDENT	
STREET ADDRESS: 87465 OLD HWY #207	ISLAMORADA FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP: ISLAMORADA FL		2.4 CITY-ST-ZIP:	
TITLE: S	STEBBINS, SAUNDRA	3.1 TITLE:	
NAME: STEBBINS, SAUNDRA	87465 OLD HWY #211	3.2 NAME:	
STREET ADDRESS: 87465 OLD HWY #211	ISLAMORADA FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP: ISLAMORADA FL		3.4 CITY-ST-ZIP:	
TITLE: D	WRIGHT, KEN	4.1 TITLE:	
NAME: WRIGHT, KEN	87465 OLD HWY #104	4.2 NAME:	
STREET ADDRESS: 87465 OLD HWY #104	ISLAMORADA FL	4.3 STREET ADDRESS:	
CITY-ST-ZIP: ISLAMORADA FL		4.4 CITY-ST-ZIP:	
TITLE: T	BLANDFORD, BOB	5.1 TITLE:	
NAME: BLANDFORD, BOB	87465 OLD HWY #229	5.2 NAME:	
STREET ADDRESS: 87465 OLD HWY #229	ISLAMORADA FL	5.3 STREET ADDRESS:	
CITY-ST-ZIP: ISLAMORADA FL		5.4 CITY-ST-ZIP:	
TITLE: D	DIENAN, JOE	6.1 TITLE: DIGNAN, JOE	
NAME: DIENAN, JOE	20145 #9 E. 3RD. COURT	6.2 NAME: DIGNAN, JOE	
STREET ADDRESS: 20145 #9 E. 3RD. COURT	MAIMI FL 33179	6.3 STREET ADDRESS:	
CITY-ST-ZIP: MAIMI FL 33179		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bob Blandford - Treasurer* 305-852-5097 4/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)