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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742043 (3)
1. Corporation Name
PLANTATION-BY-THE-SEA CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 87465 OLD HIGHWAY ISLAMORADA FL 33036	Mailing Address 87465 OLD HIGHWAY ISLAMORADA FL 33036-3061
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3. Date Incorporated or Qualified 03/01/1978	3a. Date of Last Report 04/17/1996
4. FEI Number 59-1886607	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25 USA
Zip 29	Country 30 USA

9. Name and Address of Current Registered Agent
**MULICK, NICHOLAS W
88539 OVERSEAS HWY.
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent

81 Name Paul Zeisler
82 Street Address (P.O. Box Number is Not Acceptable) 87465 Old Highway #111
83 Plantation by the Sea
84 City Islamorada, FL
85 Zip Code FL 33036

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 *Paul Zeisler* **PAUL ZEISLER, PRES.** DATE **4/8/97**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	EADES, BARNEY	
STREET ADDRESS	PO BOX 182	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, BARBARA	
STREET ADDRESS	87465 OLD HWY #207	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STEBBINS, SAUNDRA	
STREET ADDRESS	87465 OLD HWY #211	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, KEN	
STREET ADDRESS	87465 OLD HWY #104	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BLANDFORD, BOB	
STREET ADDRESS	87465 OLD HWY #229	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIGNAN, JOE	
STREET ADDRESS	20145 #9 E. 3RD. COURT	
CITY-ST-ZIP	MAIMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL MACDONALD	
1.3 STREET ADDRESS	87465 OLD HIGHWAY #235	
1.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL ZEISLER	
2.3 STREET ADDRESS	87465 OLD HIGHWAY #111	
2.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD W. HEARFIELD	
3.3 STREET ADDRESS	87465 OLD HIGHWAY #242	
3.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S. SCHULTZ	
4.3 STREET ADDRESS	87465 OLD HIGHWAY #239	
4.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOE VIANI	
5.3 STREET ADDRESS	6371 PINEHURST CIRCLE WEST	
5.4 CITY-ST-ZIP	TAMARAC, FL 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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: *Paul Zeisler* **PAUL ZEISLER, PRESIDENT** APRIL 8, 1997

CR2E037 (9/96)