FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(3)

PLANTATION-RY-THE-SEA CONDOMINIUM ASSOCIATION, I

FILED May 27 1998 8:00am Secretary of State

NC.							
Principal Place of Business		Mailing Address	Mailing Address			- I INDUIT INBII BEBIB EIBET BOLLI BEBUB EILI DIDJI DIDJI DIDJI BEBI BEBJI DIBJI BIBIF RODE	
67465 OLD HIGHWAY ISLAMORADA FL 33036		87465 OLD HIGHWAY ISLAMORADA FL 3303 6			3. Date Incorporated or Qualified 03/01/1978 4. FEI Number Applied For		
						59-1886607 Not Applicable	
Principal Place of Business 1		2a. Mailing Address	2a. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
City & State		Cilv & State	City & State			Trust Fund Contribution	
23		28				Yes No	
Žip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent 81					Name	IV. (Name and Address of New Registered Agent	
TOUR DAM							
ZEISLER, PAUL 87465 OLD HIGHWAY #111				82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION BY THE SEA				83			
	DRADA FL 33036				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 register 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: Re				Registered Agent signature required when reinstetting) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		ND DIRECTORS DELETE	1.1 TITLE			Change Addition	
TITLE	- <u> </u>		1		T	· -	
NAME ATREET ADDRESS	EADES, BARNEY PO BOX 182		1.2 NAME 1.3 STREET ADDRESS		DESC CH	IARELLO, BRUCE	
STREET ADDRESS				TY-ST-2	> (CHARLES WAY	
CITY-ST-ZIP	D DOMORADA FL	DELETE	2.1 TIT			WRENCEVILLE, N. J. 0864 Shange & Addition	
NAME	ZEISLER, PAUL	<u></u>	2.2 NA		D		
STREET ADDRESS		•		reet ad	DRESS JOI	HANSEN, JOE	
CITY-ST-ZIP	ISLAMORADA FL			TY-ST-	₇₁₀ 877	465 OLD HIGHWAY #103	
TITLE	VP	XX DELETE	3.1 TIT		181	LAMORADA, FL 33036	
NAME	HEARFIELD, RICHARD W		3.2 NA	ME			
STREET ADDRESS	87465 OLD HIGHWAY #242		3.3 STREE		DRESS		
CITY-ST-ZIP	ISLAMORADA FL	17.17	3.4. CI	TY-ST-	ŽIP		
TITLE	D	A A DELETE	4.1 TIT	LE		. Change . Addition	
NAME	WRIGHT, KEN		4. 2 N/	AME			
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		4.3 STREE		DRESS		
CITY-ST-ZIP	ISLAMORADA FL		4.4 CI	Y-\$1-2	ZIP .		
TITLE	T	DELETE	5.1 TIT	LE		☐ Change ☐ Addition	
NAME	SCHULTZ, S			ME			
STREET ADDRESS	0, 100 000 1,100,111,111			REET AD			
CITY-ST-ZIP	ISLAMORADA FL	T ap, ace		TY-ST-2	ZIP	Change Addition	
TITLE	D	☐ DELETE	6.1 117			LI CHANGE LI AUURON	
NAME	VB ((() 00 E		6.2 NA				
STREET ADDRESS		VESI		REET AD			
CITY-ST-ZIP	TAMARAC FL	Sale at the filter of the sale at a sale of		IY-SI-2		Section 110 07(2)(i) Florida Statutes I further certify that the information	

nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. 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 other 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 ellichment with an address.