


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90133 047 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742043**

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

289196-90047-29



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/01/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1886607	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZEISLER, PAUL 87465 OLD HIGHWAY #111 PLANTATION BY THE SEA ISLAMORADA FL 33036				81 Name <b>VP</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>SNYDER GARY</b>			
				83 <b>87465 OLD HIGHWAY # 238</b>			
				84 City <b>PLANTATION BY-THE-SEA</b>			
85 Zip Code		86		87			
<b>ISLAMORADA</b>		<b>FL</b>		<b>33036</b>			

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: Gary Snyder DATE: 3/29/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHIARELLO, BRUCE			1.2 NAME			
STREET ADDRESS	3 CHARLES WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAWRENCEVILLE N 08648			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHANSEN, JOE			2.2 NAME			
STREET ADDRESS	87465 OLD HIGHWAY #103			2.3 STREET ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL 33036			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTZ, S			3.2 NAME			
STREET ADDRESS	87465 OLD HIGHWAY #239			3.3 STREET ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIANI, JOE			4.2 NAME			
STREET ADDRESS	6371 PINEHURST CIRCLE WEST			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NEUMEYER, JAMES			5.2 NAME			
STREET ADDRESS	12960 N. CALUSA CLUB DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAUCHWUTY, R.			6.2 NAME			
STREET ADDRESS	87465 OLD HIGHWAY #116			6.3 STREET ADDRESS			
CITY-ST-ZIP	ISLAMORADA, FL 33036			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: Gary Snyder SIGNATURE REQUIRED February 3, 1999 305-852-5097

CR2E037 (1/98)