2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742043

1. Entity Name

PLANTATION-BY-THE-SEA CONDOMINIUM ASSOCIATION, I

Principal	Place	of Bu	isines
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Mailing Address

		<u>-</u>			- 1						
87465 OLD HIG ISLAMORADA		87465 OLD HIGHWAY ISLAMORADA FL 33036-3061									
								11011	818f) 8/8/1 81		
2. Principal P	Place of Business	3. Mailing Address			ĺ						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State City & State						4. FEI Numb	er 59-18866	 07		oplied For	
Zip	Country	Zip	Cou	ıntry		5. Certificate	of Status Desire		8.75 Ad	ditional	
-		[·I	7. Name and	Address of Ne	w Registered Aç	jent				
				Name	JLY NEWMEYER						
SNYDER,	GARY			Street Address (P.O. Box Number is Not Acceptable) 12960 N. CAIUSA CIUB DITIE							
87465 OL	D HWY 238				100	/V (1)	77 - 1 01 0	, , ,			
	ON BY THE SEA			City 4				. 61	Zip Cod	le /	
	ADA FL 33036			<i>' </i> //1	IAN			rL.	33/	76	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	_	•		r Florida.		,,	
	1/ Jame E. 7/	lean real a	T	hnoc	6	Nou	negen	War !	+ 4	1/2/200	
SIGNATURE	Signature typed or printed name of registered agent a	nd title i applicable (NOTE	- Registere	d Agent signatur		when reinstating)	mujere	DATE	v_{\perp}	<i></i>	
	of the second se		og.oto.o	o rigoni digitata	0.104000	and the same	,		,	/ .:	
	FILE NOW:	9. Election Campaign	Financi	ng	\$5.00	0 мау Ве	l M	lake Check P	avable te	, l	
٠٠.	FEE IS \$61.25	Trust Fund Contribu	ution.			to Fees		Department (-		
10.	OFFICERS AND DIR	ECTORS	I 11.		Δ	ODITIONS ICH	ANGES TO DEF	ICERS AND DIRE	· CTORS II	J 10	
TITLE	T OFFICERS AND DIN	₩ Delete	TITU	5	Ē	~ T/-	Co et Es	re	□ Change	Addition	
NAME	CHIARELLO, BRUCE	GAL DOIGIO	NAM		o F	7465	OLD H	re wy. #200 F1. 3303	<u>-</u>		
STREET ADDRESS	3 CHARLES WAY			EET ADDRESS	5	ES/AMO	RADA,	F1. 3303	36		
CITY-ST-ZIP	LAWRENCEVILLE N 08648	√		-ST-ZIP							
TITLE NAME	D IOUANGEN IOE	Delete	TITLI	: S	ر	AMES TULE	Me NE	1 HE201	☐ Change	Addition	
STREET ADDRESS	JOHANSEN, JOE 87465 OLD HIGHWAY #103	Note that the second se		ET ADDRESS	- T.C	LAJER	es a El	33036	_		
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY	- ST- ZIP							
TITLE	T	Delete	TITL	· P	DA	N Tho.	m psor	1 x 2,4	Change	Addition	
NAME	SCHULTZ, S		NAM		87	1465 0	LDHWY	·# ×11/			
STREET ADDRESS CITY-ST-ZIP	87465 OLD HIGHWAY #239 ISLAMORADA FL		CITY	-ST-ZIP	Is	LAMORA	DA FI	, 33036	/		
TITLE	D	⊠ Delete	TITL	ASS ESC.	1+	-, -,()\4	BOOK	(, 33°36 (#22/ (33°36	☐ Change	Addition	
NAME	VIANI, JOE	7 00000	NAM	· 5	87	465 01	A HAILA.	#22/			
STREET ADDRESS	6371 PINEHURST CIRCLE WEST		STRE	ET ADDRESS	· 255	14 11 12	AND EL	33036			
CITY-ST-ZIP	TAMARAC FL .	-			-	107 751 OK	M 2 ~ 7 F / 1 ·				
TITLE NAME	P Newmeyer, James	☐ Delete	TITL						☐ Change	☐ Addition	
STREET ADDRESS	12960 N CALVSA CLUB DR			ET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33186		CITY	-ST-ZIP							
TITLE	S	☐ Delete		· T				ز	Change	☐ Addition	
NAME	AUCHMUTY, R		NAM								
STREET ADDRESS	87465 OLD HWY 116		SIRE	ET ADDRESS							

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ISLAMORBOA FL 33036

ROBERT B AUCHMUTY

FILED

Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90013 048 ****61.25