

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90017 028 ****61.25

DOCUMENT # 742043

1. Entity 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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

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

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

6. Name and Address of Current Registered Agent
**NEWMAYER, JIM
 EMBASSY FINANCIAL SVCS. SUITE 1310
 1390 SO. DIXIE HWY
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James E. Newmeyer* **JAMES NEWMAYER** **PRESIDENT** *2/23/04*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEARFIELD, RICHARD		NAME	ELWOOD CHRISTENE	
STREET ADDRESS	87465 OLD HWY #242		STREET ADDRESS	87465 OLD HWY #241	
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIBOURN, JOHN		NAME	BOSS LOUES	
STREET ADDRESS	87465 OLD HIGHWAY #126		STREET ADDRESS	87465 OLD HWY 102	
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DAN		NAME	BUZZEK, JANE	
STREET ADDRESS	87465 OLD HWY #214		STREET ADDRESS	87465 OLD HWY #210	
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRINO, JOSEPH		NAME		
STREET ADDRESS	87465 OLD HWY #248		STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAYER, JAMES		NAME		
STREET ADDRESS	1390 SO. DIXIE HWY STE 1310		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPALL, GEORGE		NAME		
STREET ADDRESS	87465 OLD HWY #232		STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZIP		

12. 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 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: *James E. Newmeyer* **JAMES NEWMAYER** *2/23/04* *305-852-5097*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #