


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90039 004 \*\*\*\*61.25

<b>DOCUMENT # 742043</b>					
1. Entity Name <b>PLANTATION-BY-THE-SEA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>87465 OLD HIGHWAY ISLAMORADA FL 33036</b>		Mailing Address <b>87465 OLD HIGHWAY ISLAMORADA FL 33036</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1886607</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		



1st MOORE CR2E037 (10/04)

~~NEWMAYER, JIM  
 EMBASSY FINANCIAL SVCS. SUITE 1310  
 1390 SO. DIXIE HWY  
 CORAL GABLES FL 33146~~

119  
 MR. LOU MORELLI  
 87465 OLD HWY. #119  
 ISLAMORADA, FL. 33036

8. The above named entity submits this statement for the purpose of changing its register, the obligations of registered agent.

SIGNATURE *L. Morelli* DATE 3/14/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> Due: By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	S CHRISTINE, ELWOOD 87465 OLD HWY #242 ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LOU MORELLI 2551 HAVEN AVE. OCEAN CITY, N.J. 08226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAIBOURN, JOHN 87465 OLD HIGHWAY #126 ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GAEL CORTESI 87465 OLD HWY #205 ISLAMORADA, FL. 33036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSS, LOUIS 87465 OLD HWY #214 ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR LORSE HEAD/JO REGAN FAR. 90144 O VERSEAS HWY. TAVER NEAR, FL. 33070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP-SECRETARY BUCZEK, JANE 87465 OLD HWY #248 ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JAMES Mc NEIL 87465 OLD HWY. #201 ISLAMORADA, FL. 33036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEWMAYER, JAMES 1390 SO. DIXIE HWY STE 1310 CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPALL, GEORGE 87465 OLD HWY #232 ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *L. Morelli* DATE 3-14-05 DAYTIME PHONE # 305-852-5097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR