

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 21, 2006  
Secretary of State**

DOCUMENT# 742043

Entity Name: PLANTATION-BY-THE-SEA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

87465 OLD HIGHWAY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

87465 OLD HIGHWAY  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 59-1886607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORELLI, LOU  
87465 OLD HWY #119  
ISLAMORADA, FL 33036      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MORELLI, LOU  
Address: 2551 HAVEN AVE  
City-St-Zip: OCEAN CITY, NJ 08226

Title: D      ( ) Delete  
Name: CLAIBOURN, JOHN  
Address: 87465 OLD HIGHWAY #126  
City-St-Zip: ISLAMORADA, FL 33036

Title: D      ( ) Delete  
Name: BOSS, LOUIS  
Address: 87465 OLD HWY #214  
City-St-Zip: ISLAMORADA, FL 33036

Title: D      ( ) Delete  
Name: CORTESE, GAIL  
Address: 87465 OLD HWY #205  
City-St-Zip: ISLAMORADA, FL 33036

Title: S      ( ) Delete  
Name: MCNEIL, JAMES  
Address: 87465 OLD HWY #201  
City-St-Zip: ISLAMORADA, FL 33036

Title: T      ( ) Delete  
Name: SPALL, GEORGE  
Address: 87465 OLD HWY #232  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: SPALL, GEORGE  
Address: 87465 OLD HIGHWAY # 232  
City-St-Zip: ISLAMORADA, FL 33036

Title: S      (X) Change ( ) Addition  
Name: ODOM, JOANNE  
Address: 87465 OLD HWY # 211  
City-St-Zip: ISLAMORADA, FL 33036

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: PATTERSON, MIKE  
Address: 87465 OLD HWY # 213  
City-St-Zip: ISLAMORADA, FL 33036

Title: D      (X) Change ( ) Addition  
Name: ALPERT, LEN  
Address: 87465 OLD HWY # 249  
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE ODOM

S

03/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date