

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742043

FILED
Apr 10, 2007
Secretary of State

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

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

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

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

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

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

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

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

Title: VP (X) Change () Addition
Name: HEARFIELD, RICHARD
Address: 87465 OLD HWY # 242
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: LOU MORELLI

P

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date