

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90189 005 ****61.25

001143

DOCUMENT # 742043

1. Entity Name
PLANTATION-BY-THE-SEA CONDOMINIUM ASSOCIATION, I NC.

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: _____



CHECK HERE IF MAKING CHANGES

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. Newmayer* DATE: **4/14/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	NAME: HEARFIELD, RICHARD STREET ADDRESS: 87465 OLD HWY #242 CITY-ST-ZIP: ISLAMORADA FL 33036	TITLE: Treasurer	NAME: GEORGE SPALL STREET ADDRESS: 87465 OLD HWY #232 CITY-ST-ZIP: ISLAMORADA, FL 33036
TITLE: S	NAME: CLAIBORN, JOHN STREET ADDRESS: 20717 W. 888 RD. 87465 Old Highway #126 CITY-ST-ZIP: COOKSON OK 74427 ISLAMORADA FL 33036	TITLE: Director	NAME: LOUIS BOSS STREET ADDRESS: 87465 OLD HWY #102 CITY-ST-ZIP: ISLAMORADA, FL 33036
TITLE: D Secretary	NAME: THOMPSON, DAN STREET ADDRESS: 87465 OLD HWY #214 CITY-ST-ZIP: ISLAMORADA FL 33036		
TITLE: D	NAME: FERRINO, JOSEPH STREET ADDRESS: 164 19 90 STREET 87465 Old Hwy #248 CITY-ST-ZIP: HOWARD BEACH FL 33444 ISLAMORADA FL 33036		
TITLE: P	NAME: NEWMAYER, JAMES STREET ADDRESS: 1390 SO. DIXIE HWY STE 1310 CITY-ST-ZIP: CORAL GABLES FL 33146		
TITLE: T	NAME: AUCHMUTY, R STREET ADDRESS: 87465 OLD HWY 116 CITY-ST-ZIP: ISLAMORADA FL 33036		

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. Newmayer* **SIGNATURE REQUIRED** **305-852-5097**

CR2E037 (10/02)