

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 039 ****61.25

DOCUMENT # 749515

1. Entity Name

PLANTATION RIVERWOOD ASSOCIATION, INC

Principal Place of Business: Riverwood Condos, Edgewater Drive, Stuart, FL 34996
 Mailing Address: 611 S. Federal Hwy., Stuart, FL 34994

552912

2. Principal Place of Business: 662 NE Ocean Blvd.
 3. Mailing Address: 662 NE Ocean Blvd.

DO NOT WRITE IN THIS SPACE

City & State: Stuart, FL
 City & State: Stuart, FL
 4. FEI Number: 59-2021422
 Applied For: Not Applicable
 Zip: 34996 Country: USA
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: Sound Management Services, PO Box 2188, 611 S. Federal Hwy, Stuart, FL 34994
 7. Name and Address of New Registered Agent: Timothy Kazmier, Plantation Management Company, 662 NE Ocean Blvd., Stuart, FL 34996

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.

SIGNATURE: *[Signature]* Timothy D. KAZMIER 4/30/01
 (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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SANDIDAS, DENNIS STREET ADDRESS: 234 NEW EDGEWATER DR CITY-ST-ZIP: Stuart, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: POWELL, RAYMOND STREET ADDRESS: PO. BOX 292 CITY-ST-ZIP: BUZZAROS, BAY, MA 02532	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: Vanderwerff, William STREET ADDRESS: 276 NE Edgewater Dr CITY-ST-ZIP: Stuart, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: SHERLOCK, VIRGINIA STREET ADDRESS: 233 NE EDGEWATER DR. CITY-ST-ZIP: STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: Kopf, Fred STREET ADDRESS: 222 NE Edgewater Dr. CITY-ST-ZIP: Stuart, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: MAC MILLAN, DEANE STREET ADDRESS: 264 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART, FLORIDA 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ASST T/D NAME: McDermott, Frank STREET ADDRESS: 217 NE Edgewater Dr CITY-ST-ZIP: Stuart, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: POWELL, RAYMOND STREET ADDRESS: PO. BOX 292 CITY-ST-ZIP: BUZZAROS, BAY, MA 02532	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ASST T/D NAME: Peard, Frank STREET ADDRESS: 219 NE Edgewater Dr CITY-ST-ZIP: Stuart, FL 34996	<input type="checkbox"/> Delete	TITLE: T D NAME: MATHews, PETE STREET ADDRESS: 250 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART, FLORIDA 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Dearborn, Graham, Mary STREET ADDRESS: 215 NE Edgewater Dr CITY-ST-ZIP: Stuart, FL 34996	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]* L.P. MATHEWS 4/30/01