


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90309 030 ****61.25

DOCUMENT # 749515
1. Entity Name
PLANTATION RIVERWOOD ASSOCIATION, INC.



Principal Place of Business: **2115 SE OCEAN BLVD. STUART FL 34996**
Mailing Address: **2115 SE OCEAN BLVD. STUART FL 34996**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-2021422**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KAZMIER, TIMOTHY
2115 SE OCEAN BLVD.
662 NE OCEAN BLVD
STUART FL 34996**

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: _____ DATE: _____
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
Due By May 1, 2004**

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	
TITLE: D NAME: RICH, DON STREET ADDRESS: 248 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART FL 34996	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: SHERLOCK, VIRGINIA STREET ADDRESS: 233 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART FL 34996	<input checked="" type="checkbox"/> Delete
TITLE: RD NAME: MAGMILLAN, DEANE STREET ADDRESS: 264 NE EDGEWATER DR CITY-ST-ZIP: STUART FL 34996	<input checked="" type="checkbox"/> Delete
TITLE: RD NAME: MATHEWS, PETE STREET ADDRESS: 250 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART FL 34996	<input type="checkbox"/> Delete
TITLE: VPD NAME: KANYUK, TOM STREET ADDRESS: 264 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART FL 34996	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: AGNO, LYNN STREET ADDRESS: 233 NE EDGEWATERDR. CITY-ST-ZIP: STUART FL 34996	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: RICH, DON STREET ADDRESS: 248 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T/D NAME: MELANGLTON, JOHN STREET ADDRESS: 264 NE EDGEWATER DR. CITY-ST-ZIP: STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HELLMAN, KARL STREET ADDRESS: 287 NE EDGEWATER DR. CITY-ST-ZIP: STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP/D NAME: MATHEWS, PETE STREET ADDRESS: 250 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RICH, DON STREET ADDRESS: 248 NE EDGEWATER DRIVE CITY-ST-ZIP: STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P/D NAME: AGNO, LYNN STREET ADDRESS: 233 NE EDGEWATERDR. CITY-ST-ZIP: STUART FL 34996	<input checked="" 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. P. MATHEWS Date: 4-12-04 Daytime Phone #: 772-220-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR