


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 007 ****61.25

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



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

00040844



1st MOORE CR2E037 (10/04)

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

City & State City & State

4. FEI Number Applied For
59-2021422 Not Applicable


Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KAZMIER, TIMOTHY
 2115 SE OCEAN BLVD.
~~602 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, 2005

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	REILLY, DES	2115 SE OCEAN BLVD.	STUART FL 34996	<input type="checkbox"/>
TD	MELANGTON, JOHN	264 NE EDGEWATER DR.	STUART FL 34996	<input type="checkbox"/>
D	HEILMAN, KARL	287 NE EDGEWATER DR.	STUART FL 34996	<input type="checkbox"/>
VD	MATHEWS, PETE	250 NE EDGEWATER DRIVE	STUART FL 34996	<input type="checkbox"/>
D	RICH, DON	248 NE EDGEWATER DRIVE	STUART FL 34996	<input checked="" type="checkbox"/>
PD	AGNO, LYNN	233 NE EDGEWATERDR.	STUART FL 34996	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SZABO, AL	202 NE EDGEWATER DRIVE	STUART, FL 34996	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DELL, GLENN	264 NE EDGEWATER DRIVE	STUART, FL. 34996	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  Date: 4/6/05 772-200-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #