


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90206 022 ****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
 2177 SE OCEAN
 Suite, Apt. #, etc.

3. Mailing Address
 2177 SE OCEAN
 Suite, Apt. #, etc.

City & State

Zip **Country**

00003000



02222006 Chg-NP CR2E037 (11/05)

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)
 2177 SE OCEAN

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** 4/26/06

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

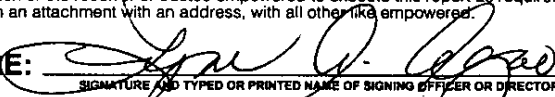
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REILLY, DES	
STREET ADDRESS	2115 SE OCEAN BLVD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELANGTON, JOHN	
STREET ADDRESS	264 NE EDGEWATER DR.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEILMAN, KARL	
STREET ADDRESS	287 NE EDGEWATER DR.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SZABO, AL	
STREET ADDRESS	202 NE EDGEWATER DR	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELL, GLENN	
STREET ADDRESS	264 NE EDGEWATER DR	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AGNO, LYNN	
STREET ADDRESS	233 NE EDGEWATER DR.	
CITY-ST-ZIP	STUART, FL 34996	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK PEARD	
STREET ADDRESS	391 NE EDGEWATER	
CITY-ST-ZIP	STUART, FLORIDA 34996	
TITLE	D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES PATRICK	
STREET ADDRESS	278 NE EDGEWATER	
CITY-ST-ZIP	STUART FLORIDA 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNDA HARTLEY URBAN	
STREET ADDRESS	321 NE EDGEWATER DRIVE	
CITY-ST-ZIP	STUART FLORIDA 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM RYAN	
STREET ADDRESS	302 NE EDGEWATER	
CITY-ST-ZIP	STUART FLORIDA 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 titles empowered.

SIGNATURE:  **DATE** 4/28/06 **Daytime Phone #** 772-334-2307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR