


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 026 ****61.25

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



Principal Place of Business
 2177 SE OCEAN
 STUART, FL 34996

Mailing Address
 2177 SE OCEAN
 STUART, FL 34996


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

40061751



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2021422

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

6. Name and Address of Current Registered Agent
 KAZMIER, TIMOTHY
 2177 SE OCEAN
 STUART, FL 34996

7. Name and Address of New Registered Agent
 Name: LOREANE A. KEPT
 Street Address (P.O. Box Number is Not Acceptable): 111 SE FEDERAL HWY
 Suite: 100
 City: STUART FL Zip Code: 34994

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: Lorraine A. Kept DATE: 4/2/07
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, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	D PRAND, FRANK 291 NE EDGEWATER DR STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Peard, Frank</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELANGTON, JOHN 264 NE EDGEWATER DR. STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEILMAN, KARL 287 NE EDGEWATER DR. STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPS</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICK, CHARLE S 278 NE EDGEWATER STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBAN, LYNDIA H 221 NE EDGEWATER DRIVE STUART, FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MASTROGIOVANNI, ANTHONY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>233 NE EDGEWATER DRIVE</u> <u>STUART, FL 34996</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGNO, LYNN 233 NE EDGEWATERDR. STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: [Signature] DATE: 4/3/07 772-334-1307
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT
40061751
#749515

Δ Addition
REILLY, MADELINE
252 NE EDGEWATER DR
STUART, FL 34996