

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91218 023 ****61.25

DOCUMENT # 749515

1. Entity Name
PLANTATION RIVERWOOD ASSOCIATION, INC.



Principal Place of Business

~~662 NE OCEAN BLVD~~
STUART FL 34996

Mailing Address

~~662 NE OCEAN BLVD~~
STUART FL 34996

2. Principal Place of Business

2115 S.E. OCEAN BLVD

3. Mailing Address

2115 S.E. OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2021422**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAZMIER, TIMOTHY
PLANTATION MANAGEMENT COMPANY
~~662 NE OCEAN BLVD~~
STUART FL 34996

Name
Street Address (P.O. Box Number is Not Acceptable)
2115 S.E. OCEAN BLVD.
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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	RICH, DON	
STREET ADDRESS	248 NE EDGEWATER DRIVE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHERLOCK, VIRGINIA	
STREET ADDRESS	233 NE EDGEWATER DRIVE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACMILLAN, DEANE	
STREET ADDRESS	264 NE EDGEWATER DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATHEWS, PETE	
STREET ADDRESS	250 NE EDGEWATER DRIVE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KANYUK, TOM	
STREET ADDRESS	264 NE EDGEWATER DRIVE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEARBORN-GRAHAM, MARY	
STREET ADDRESS	251 NE EDGEWATER DR. #N251	
CITY-ST-ZIP	STUART FL 34996	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGNO, LYNN	
STREET ADDRESS	233 NE EDGEWATER DRIVE	
CITY-ST-ZIP	STUART FLORIDA 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: ~~SIGNATURE REQUIRED~~ **MATHEWS, PETE** **4-17-03** **772-220-0005**

CR2E037 (10/02)