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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737182					
1. Corporation Name PLANTATION BEACH CLUB OWNERS' ASSOCIATION, INC.					
Principal Place of Business South Seas Plantation Captiva, FL 33924 US			Mailing Address 13391 McGregor Boulevard Fort Myers, FL 33919-5996 US		
2. Principal Place of Business 21		2a. Mailing Address 26 1509 Periwinkle Way		3. Date Incorporated or Qualified 11/01/1976	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1799710	
City & State 23		City & State 28 Sanibel Island, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 33957		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 US			
9. Name and Address of Current Registered Agent HILTON GRAND VACATIONS COMPANY 1509 Periwinkle Way Sanibel Island, FL 33957				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE PD		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ANDERSON, NORBERT J.		1.2 NAME			
STREET ADDRESS 513 South East Avenue		1.3 STREET ADDRESS			
CITY-ST-ZIP Baltimore, MD 21224		1.4 CITY-ST-ZIP			
TITLE D		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CARTER, ROBERT		2.2 NAME			
STREET ADDRESS 11 E 18th Street		2.3 STREET ADDRESS			
CITY-ST-ZIP Bayonne, NJ		2.4 CITY-ST-ZIP			
TITLE STD		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KENDALL, RALPH		3.2 NAME			
STREET ADDRESS 940 Brynwood Drive		3.3 STREET ADDRESS			
CITY-ST-ZIP Chattanooga, TN 37415		3.4 CITY-ST-ZIP			
TITLE D		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MEADOWS, MICHELLE		4.2 NAME			
STREET ADDRESS 23 Windsor Lane		4.3 STREET ADDRESS			
CITY-ST-ZIP Palm Beach Gardens, FL 33418		4.4 CITY-ST-ZIP			
TITLE VD		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HOYMAN, MICHAEL		5.2 NAME			
STREET ADDRESS 2203 McGregor Park Circle		5.3 STREET ADDRESS			
CITY-ST-ZIP Fort Myers, FL 33908		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)