

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004838

1. Entity Name

PALM BEACH PLANTATION HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

C/O A&N MGMT INC
6413 CONGRESS AVE., SUITE 220
BOCA RATON, FL 33431

Mailing Address

C/O A&N MGMT INC
6413 CONGRESS AVE., SUITE 220
BOCA RATON, FL 33431



03102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0522097

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLATT, RONALD ESQ
INDEPENDENCE TITLE
205 NE 5TH TERR
DELRAY BEACH, FL 33444

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000472471
03/29/06-80038-002 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLY, TIMOTHY R
STREET ADDRESS 2295 CORPORATE BLVD., NW SUITE 140
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE TD
NAME LILLER, STEPHEN B
STREET ADDRESS 2295 CORPORATE BLVD., NW SUITE 140
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE SD
NAME PLATT, RONALD L
STREET ADDRESS 170 NW SPANISH RIVER BLVD.
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06

561-364-3300

Date

Daytime Phone #