

2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 701057	
1. Entity Name PLANTATION KEY CIVIC CLUB INC.	

Principal Place of Business % LYNN SHULLAW 245 HIBISCUS ST TAVERNIER FL 33070	Mailing Address % LYNN SHULLAW 245 HIBISCUS ST TAVERNIER FL 33070
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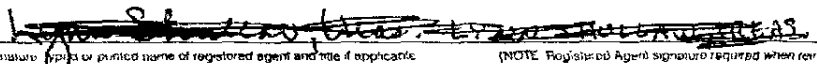
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
4. FEI Number 59-2414215	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHULLAW, LYNN 245 HIBISCUS ST. TAVERNIER FL 33070

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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
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FILE NOW: 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
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	GONSALVES, NORMAND
STREET ADDRESS	168 JASMINE ST.
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	D ☐ Delete
NAME	KUBIDA, JIM
STREET ADDRESS	151 N COCONUT PALM BLVD
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	D ☐ Delete
NAME	FRYMAN, ADAM
STREET ADDRESS	125 N. COCONUT PALM BLVD
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	D ☐ Delete
NAME	PELTZ, BRUCE
STREET ADDRESS	220 HIBISCUS ST
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	ST ☐ Delete
NAME	SHULLAW, LYNN
STREET ADDRESS	245 HIBISCUS
CITY-ST-ZIP	TAVERNIER, FL 00000
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 Section 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.