

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90095 005 ****61.25

DOCUMENT # 703249

1. Entity Name

PLANTATION BEACH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**133 COCONUT LANE
ISLAMORADA FL 33036
US**

Mailing Address

**P O BOX 1265
TAVERNIER FL 33070
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-1998367

Applied For

Not Applicable

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

**PINDER, ROBERTA
133 COCONUT LANE
ISLAMORADA FL 33036**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRITO, STEVE	
STREET ADDRESS	198 PLANTATION BLVD	
CITY ST ZIP	ISLAMORADA FL 33036	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHILLING, I.E.	
STREET ADDRESS	150 PLANTATION BLVD	
CITY ST ZIP	ISLAMORADA FL 33036	
TITLE	ID	<input type="checkbox"/> Delete
NAME	PINDER, ROBERTA	
STREET ADDRESS	133 COCONUT LANE	
CITY ST ZIP	ISLAMORADA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALIX, SHIRLEY	
STREET ADDRESS	137 COCONUT LANE	
CITY ST ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	VONNEGUT, ROBERT	
STREET ADDRESS	106 ROYAL LANE	
CITY ST ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINDER, JOSEPH	
STREET ADDRESS	133 COCONUT LN	
CITY ST ZIP	ISLAMORADA FL 33036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Calvert	
STREET ADDRESS	P. O. Box 326	
CITY ST ZIP	Islamorada, FL 33036	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Jankowski	
STREET ADDRESS	121 Palm Lane	
CITY ST ZIP	Islamorada, FL 33036	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Poland	
STREET ADDRESS	141 Plantation Blvd.	
CITY ST ZIP	Islamorada, FL 33036	
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 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.

SIGNATURE:

Roberta Pinder

3-1-07 305 8528499