2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 703249

Entity Name: PLANTATION BEACH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

133 COCONUT LANE
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1265
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 59-1998367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINDER, ROBERTA
133 COCONUT LANE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BRITO, STEVE	
Address:	198 PLANTATION BLVD	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	VP	( ) Delete
Name:	SCHILLING, I.E.	
Address:	150 PLANTATION BLVD	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	TD	( ) Delete
Name:	PINDER, ROBERTA	
Address:	133 COCOCUT LANE	
City-St-Zip:	ISLAMORADA, FL	
Title:	SD	( ) Delete
Name:	ALIX, SHIRLEY	
Address:	137 COCONUT LANE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	D	( ) Delete
Name:	PRBYL, MATT	
Address:	PALM LANE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	D	( ) Delete
Name:	PINDER, JOSEPH	
Address:	133 COCONUT LN	
City-St-Zip:	ISLAMORADA, FL 33036	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA PINDER TR 02/24/2009

Electronic Signature of Signing Officer or Director — Date