

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727564

FILED
Feb 04, 2006
Secretary of State

Entity Name: PLANTATION OCEAN PARK, INCORPORATED

Current Principal Place of Business:

PO BOX 1152
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1152
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 59-2415056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONSGARD, MICHAEL A
155 CANAL STREET
TAVERNIER, FL 33070 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: SEC () Delete
Name: DIGIUSEPPE, SARA
Address: 142 CANAL STREET
City-St-Zip: TAVERNIER, FL 33070

Title: T/D () Delete
Name: ONGSARD, MICHAEL A
Address: 155 CANAL STREET
City-St-Zip: TAVERNIER, FL 33070

Title: VP () Delete
Name: LAVENE, KATRINA
Address: 135 CANAL STREET
City-St-Zip: TAVERNIER, FL 33070

Title: PRES () Delete
Name: GROVE, DAVE
Address: 204 PLANTATION SHORES DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: DUGAN, JOHN
Address: 105 PLANTATION SHORES DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: LAWRENCE, JIM
Address: P O BOX 539
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: GUY, LISA
Address: 115 HIGH STREET
City-St-Zip: TAVERNIER, FL 33070

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 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: MICHAEL A ONGSARD

T

02/04/2006

Electronic Signature of Signing Officer or Director

Date