

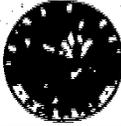
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 24 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737182 (6)  
1. Corporation Name  
**PLANTATION BEACH CLUB OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**SOUTH SEAS PLANTATION CAPTIVA FL 33624 US** **13391 MCGREGOR BLVD FT MYERS FL 33919-5996 US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 33919-5996 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1976 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1799710 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HILTON GRAND VACATIONS COMPANY  
13391 MCGREGOR BLVD, S.W.  
FT. MYERS FL 33919-5996**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ANDERSON, NORBERT J. 513 SOUTH EAST AVENUE BALTIMORE MD	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   21224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, BARBARA 7408 BIG CYPRESS DR MIAMI LAKES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/T/D Carter, Robert 11 E 18th Street Bayonne, NJ 07002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, RALPH 940 BRYNWOOD DRIVE CHATTANOOGA TN	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   37415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, MICHELLE 23 WINDSOR LANE PALM BEACH GARDENS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOYMAN, MICHAEL 2263 BROOK HOLLOW OVAL HINCKLEY OH	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D Hoyman, Michael 2203 McGregor Park Circle Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norbert J. Anderson President 3/16/95 (410) 342-8582  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #  
**NORBERT J. ANDERSON**