

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90376 023 ****61.25

DOCUMENT # 737182

1. Entity Name

PLANTATION BEACH CLUB OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**SOUTH SEAS PLANTATION
 CAPTIVA FL 33924
 US**

**1509 PERIWINKLE WAY
 SANIBEL IS FL 33957
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1799710

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILTON GRAND VACATIONS COMPANY, LLC
 6355 METRO WEST BLVD.
 SUITE 180
 ORLANDO FL 32835**

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, NORBERT J.	
STREET ADDRESS	513 SOUTH EAST AVENUE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, ROBERT	
STREET ADDRESS	14511 HICKORY HILL CT #511	
CITY-ST-ZIP	FT MEYERS FL 33913	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEADOWS, MICHELLE	
STREET ADDRESS	23 WINDSOR LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOYMAN, MICHAEL	
STREET ADDRESS	2203 MCGREGOR PARK CIRCLE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARTON, STANLEY	
STREET ADDRESS	16461 MILLSTONE CIRCLE #304	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, KEVIN M.	
STREET ADDRESS	7475 Silverwoods Court	
CITY-ST-ZIP	Boca Raton, FL 33433	
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 exemption stated in Section 119.07(3)(i), 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: MICHAEL B. HOYMAN, PRESIDENT FEB 5, 2002 941-482-5592
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)