

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90115 039 \*\*\*\*61.25

**DOCUMENT # 737182**

1. Entity Name  
 PLANTATION BEACH CLUB OWNERS' ASSOCIATION, INC.



Principal Place of Business  
 SOUTH SEAS PLANTATION  
 CAPTIVA, FL 33924 US

Mailing Address  
 1509 PERIWINKLE WAY  
 SANIBEL IS, FL 33957 US

60026760



2. Principal Place of Business

3. Mailing Address

01062006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
 59-1799710

Applied For  
 Not Applicable

Zip Country

Zip Country

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

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. 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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

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 21224	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARROLL, KEVIN M	
STREET ADDRESS	2685 NW 27TH AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOYMAN, MICHAEL	
STREET ADDRESS	2203 MCGREGOR PARK CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOYMAN, MICHAEL	
STREET ADDRESS	2201 MILL RD APT 102	
CITY-ST-ZIP	ALEXANDRIA, VA 22314	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVES, JOHN W	
STREET ADDRESS	2621 SOUTH COUNTY ROAD 419	
CITY-ST-ZIP	OVIEDO, FL 32766	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meadows, Michelle G.	
STREET ADDRESS	23 Windsor Lane	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Chuluota, FL 32766-8801	
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 Chapter 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: Michael B. Hoyman MICHAEL B. HOYMAN 01/15/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #