

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 029 ****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	



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1799710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, NORBERT J. 513 SOUTH EAST AVENUE BALTIMORE, MD 21224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARROLL, KEVIN M 2685 NW 27TH AVENUE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOYMAN, MICHAEL 2203 MCGREGOR PARK CIRCLE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEADOWS, MICHELLE G 23 WINDSOR LN PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVES, JOHN W 2621 S COUNTY RD 419 CHULUOTA, FL 32766801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Date *1/10/2007* Daytime Phone # *239.482.5592*