

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 029 ****61.25

DOCUMENT # 737182	
1. Entity Name PLANTATION BEACH CLUB OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1001 SOUTH SEAS PLANTATION RD. CAPTIVA ISLAND, FL 33924 US	Mailing Address 1509 PERIWINKLE WAY SAMBEL IS, FL 33957 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1799710	Applied For Not Applicable
Zip	Country	Zip	Country

01092008 Chg-NP CR2E037 (12/06)

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	VD	<input type="checkbox"/> Delete
NAME	MEADOWS, MICHELLE G	
STREET ADDRESS	23 WINDSOR LN	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVES, JOHN W	
STREET ADDRESS	2621 S COUNTY RD 419	
CITY-ST-ZIP	CHULUOTA, FL 32766801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeVaughn, Hans	
STREET ADDRESS	5014 Shoreline Circle	
CITY-ST-ZIP	Sanford, FL 32771	
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		<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. Hoyma Michael B. Hoyma / 30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #