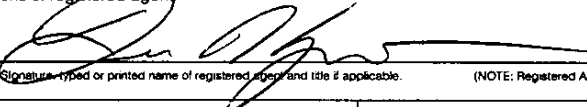
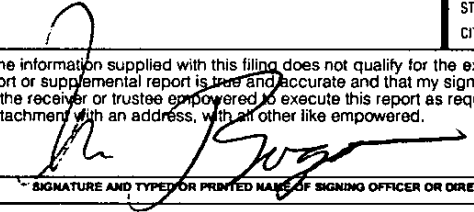


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 007 ****61.25

DOCUMENT # 742229 1. Entity Name PLANTATION TENNIS VILLAS ASSOCIATION, INC.					
Principal Place of Business 2115 SE OCEAN BLVD. STUART, FL 34996 US			Mailing Address 2115 SE OCEAN BLVD. STUART, FL 34996 US		
2. Principal Place of Business <i>2177 SE OCEAN</i>		3. Mailing Address <i>2177 SE OCEAN</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1907801	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAZMIER, T 2115 SE OCEAN BLVD. STUART, FL 34996			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2177 SE OCEAN</i> 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  (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 NAME STREET ADDRESS CITY-ST-ZIP	VD BOGO, ROBERT 1007 BLUFF DRIVE NORTH BATING HOLLOW, NY 11933	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2177 SE Ocean Blvd.</i> <i>STUART, FL 34996</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, LES 2115 SE OCEAN BLVD. STUART, FL 34996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2177 SE Ocean Blvd</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMBERT, HARRY 2656 ALLISON CT COLUMBUS, OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLLINS, MARK 2115 SE OCEAN BLVD. STUART, FL 34996	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOB AR190 <i>2177 SE OCEAN BLVD</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHURCH, ROBERT 2115 SE OCEAN BLVD. STUART, FL 34996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2177 SE Ocean Blvd.</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>4/27/06</i> Daytime Phone #					