

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-11-2008 90035 031 ****61.25

DOCUMENT # 747788

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



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

Mailing Address
1509 PERTWINKLE WAY
SANIBEL, FL 33957 US

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2070707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY, LLC
6355 METROWEST BLVD
SUITE 180
ORLANDO, FL 32835

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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

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, 2008**

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
STD
LOOMIS, LAURA
7736 TAMARACK LANE
ONTARIO, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHARP, JOHN
6734 FALCON RIDGE
INDIANAPOLIS, IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BROWN, S. DEAN
7757 REDCOACH DRIVE
INDIANAPOLIS, IN 46250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John B. Sharp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B Sharp

2-5-08

Date

317-686-3605

Daytime Phone #