


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90206 024 ****61.25

DOCUMENT # 747893 1. Entity Name PLANTATION OCEAN TERRACE 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.			
City & State		City & State		4. FEI Number 59-2058153	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent KAZMIER, TIMOTHY D 2115 SE OCEAN BLVD. STUART, FL 34996	
Zip		Country		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 <i>[Signature]</i> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWENSON, SHERM		NAME		
STREET ADDRESS	2115 SE OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARPER, DWAIN		NAME	<i>2177 SE OCEAN</i>	
STREET ADDRESS	2115 SE OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARMS, KEN		NAME	<i>D S ESTELLE SMITH</i>	
STREET ADDRESS	2115 SE OCEAN BLVD.		STREET ADDRESS	<i>669 NE PLANTATION</i>	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	<i>STUART FLORIDA</i>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUGHES, ED		NAME	<i>BRUCE TREADWAY</i>	
STREET ADDRESS	2115 SE OCEAN BLVD.		STREET ADDRESS	<i>669 NE PLANTATION</i>	
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP	<i>STUART</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLER, WALTER		NAME	<i>2177 SE OCEAN</i>	
STREET ADDRESS	2115 SE OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Estelle Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4.28.06</i> <small>Date</small>		
			<small>Daytime Phone #</small>		