


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747893</b>	
1. Entity Name <b>PLANTATION OCEAN TERRACE ASSOCIATION, INC.</b>	

Principal Place of Business <b>2177 SE OCEAN STUART FL 34996 US</b>	Mailing Address <b>2177 SE OCEAN STUART FL 34996 US</b>
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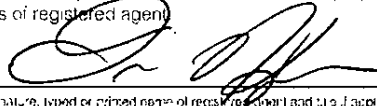
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-2058153</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>KAZMIER, TIMOTHY D 2177 SE OCEAN STUART FL 34996</b>

<b>7. Name and Address of New Registered Agent</b>
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 <b>3/3/08</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>HARPER, DWAIN</b>
STREET ADDRESS	<b>2177 SE OCEAN</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	DS <input type="checkbox"/> Delete
NAME	<b>SMITH, ESTELLE</b>
STREET ADDRESS	<b>2177 SE OCEAN BLVD</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	DT <input type="checkbox"/> Delete
NAME	<b>TREADWAY, BRUCE</b>
STREET ADDRESS	<b>2177 SE OCEAN BLVD</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>KELLER, WALTER</b>
STREET ADDRESS	<b>2177 SE OCEAN</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SWENSON, SHERM</b>
STREET ADDRESS	<b>2177 SE OCEAN BLVD</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000849775 ☐ Change ☐ Addition  
03/21/08-80034-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** 