


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 013 ****61.25

DOCUMENT # N01000003758

1. Entity Name
PLANTATION POINT HOMEOWNERS ASSOCIATION OF BREVARD, INC.



Principal Place of Business
 P. O. BOX 561193
 ROCKLEDGE, FL 32956-1193

Mailing Address
 SPACE COAST PROPERTY MGMT
 645 CLASSIC CT STE 104
 MELBOURNE, FL 32940

40027413



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3723845

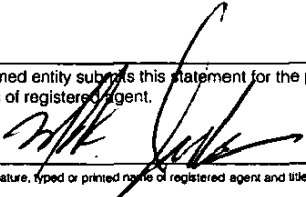
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPACE COAST PROPERTY MANAGEMENT OF BREVARD
645 CLASSIC PROPERTY MGMT
MELBOURNE, FL 32940

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  **MARK JACKSON** **2/26/07**
 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, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASCALE, CHRIS 242 PEBBLE HILL WAY ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRAY, DAVID 3965 WATERFORD DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TSOUKALAS, CAROL 3865 WATERFORD DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILA, ANNETTE 411 WYNFIELD CIR ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ZEE, GARY 3975 WATERFORD DRIVE ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREGORY L MCGILL 3800 WATERFORD DR ROCKLEDGE FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTHUR L GRAY 3895 WATERFORD DR ROCKLEDGE FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPRES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOMMY GATES 422 WYNFIELD CIR ROCKLEDGE FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **2/26/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #