

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007672

FILED
Jan 11, 2005
Secretary of State

Entity Name: PLANTATION POINT ASSOCIATION, INC.

Current Principal Place of Business:

298 SOUTH DR.
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

298 SOUTH DR.
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 51-0486503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINIEA, ANTHONY
298 SOUTH DR.
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINIEA, S. ANTHONY
Address: 298 SOUTH DR.
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: BROOKS, NANCY
Address: 326 SOUTH DR.
City-St-Zip: ISLAMORADA, FL 33036

Title: S () Delete
Name: PAULY, WAYNE
Address: 288 SOUTH DR.
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: MANE, PAULY
Address: 288 SOUTH DRIVE
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PAULY, MARIE
Address: 288 SOUTH DRIVE
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE PAULY

S

01/11/2005

Electronic Signature of Signing Officer or Director

Date