

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

1/1

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90238 038 \*\*\*\*61.25

**DOCUMENT # N03000007672**

1. Entity Name  
**PLANTATION POINT ASSOCIATION, INC.**



Principal Place of Business  
**298 SOUTH DR.  
ISLAMORADA, FL 33036**

Mailing Address  
**298 SOUTH DR.  
ISLAMORADA, FL 33036**

**66001204**



01072008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0486503</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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  (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MINIEA, S. ANTHONY
STREET ADDRESS	298 SOUTH DR.
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	VP
NAME	BROOKS, NANCY
STREET ADDRESS	328 SOUTH DR.
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	S
NAME	PAULY, WAYNE
STREET ADDRESS	288 SOUTH DR.
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	T
NAME	PAULY, MARIE
STREET ADDRESS	288 SOUTH DRIVE
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

**SIGNATURE:**  **Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR

Date **2/6/06** (305) 8530552  
Display Phone #



ATTACHMENT

66001204

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2006

PLANTATION POINT ASSOCIATION, INC.  
298 SOUTH DR.  
ISLAMORADA, FL 33036

Subject: PLANTATION POINT ASSOCIATION, INC.

Reference Number: N03000007672 -

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION