


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90037 005 \*\*\*\*61.25

<b>DOCUMENT # N03000007672</b> 1. Entity Name <b>PLANTATION POINT ASSOCIATION, INC.</b>					
Principal Place of Business <b>298 SOUTH DR.</b> <b>ISLAMORADA, FL 33036</b>				Mailing Address 288 <b>298 SOUTH DR.</b> <b>ISLAMORADA, FL 33036</b>	
2. Principal Place of Business - No P.O. Box # <b>288 South Dr.</b>		3. Mailing Address <b>288 South Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ISLAMORADA, FL</b>		City & State <b>ISLAMORADA, FL</b>		4. FEI Number <b>51-0486503</b>	
Zip <b>33036</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>MINIEA, ANTHONY</b> <b>298 SOUTH DR.</b> <b>ISLAMORADA, FL 33036</b>				7. Name and Address of New Registered Agent Name <b>Marie Pauly</b> Street Address (P.O. Box Number is Not Acceptable) <b>288 South Dr.</b> City <b>ISLAMORADA</b> <b>FL</b> Zip Code <b>33036</b>	
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 <b>Marie Pauly</b> <b>Marie Pauly Treasurer</b> <b>1/4/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>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</b> <b>Florida Department of State.</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MINIEA, S. ANTHONY</b> <b>298 SOUTH DR.</b> <b>ISLAMORADA, FL 33036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BROOKS, NANCY</b> <b>326 SOUTH DR.</b> <b>ISLAMORADA, FL 33036</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PAULY, WAYNE</b> <b>288 SOUTH DR.</b> <b>ISLAMORADA, FL 33036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PAULY, MARIE</b> <b>288 SOUTH DRIVE</b> <b>ISLAMORADA, FL 33036</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Rodriguez, Carlos</b> <b>296 South Dr.</b> <b>ISLAMORADA, FL 33036</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <b>Marie Pauly</b> <b>Marie Pauly</b> <b>1/4/08</b> <b>305-853-0566</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					