2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N03000007672

Entity Name: PLANTATION POINT ASSOCIATION, INC.

Current Principal Place of Business:

288 S DR
ISLAMORADA, FL 33036

New Principal Place of Business:

288 SOUTH DR
ISLAMORADA, FL 33036

Current Mailing Address:

288 S DR
ISLAMORADA, FL 33036

New Mailing Address:

288 SOUTH DR
ISLAMORADA, FL 33036

FEI Number: 51-0486503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAULY, MARIE
288 S DR
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

PAULY, MARIE
288 SOUTH DR
ISLAMORADA, FL 33036 US

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: MARIE PAULY 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MINIEA, S. ANTHONY
Address: 298 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: PAULY, MARIE
Address: 288 SOUTH DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: P ( ) Delete
Name: RODRIGUEZ, CARLOS
Address: 296 S DR
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIE PAULY T 01/06/2009
Electronic Signature of Signing Officer or Director Date