2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008475

FILED Mar 15, 2007 Secretary of State

Entity Name: PLUM CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT 5741 WASHINGTON STREET NAPLES, FL 34109

5435 JAEGER ROAD #4 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

5741 WASHINGTON STREET C/O NEWELL PROPERTY MANAGEMENT

NAPLES, FL 34109 5435 JAEGER ROAD #4 NAPLES, FL 34109

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, ROBERT A NEWELL, WILLIAM A 5741 WASHINGTON STREET 5435 JAEGER ROAD #4 NAPLES, FL 34109 NAPLES, FL 34109

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: WILLIAM A NEWELL, AGENT 03/15/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DST () Delete (X) Change () Addition BOYETTE, JOHN P BOYETTE, JOHN P Name: Name:

6591 BOTTLEBRUSH LANE Address: 6591 BOTTLEBRUSH LANE Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: () Change () Addition

SEIBERT, DARREL L Name: Name: Address: 363 CUDDY COURT Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip:

Title: () Delete Title: () Change () Addition

MILLER, ROBERT A Name: Name: 752 106TH AVENUE NORTH Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN BOYETTE PD 03/15/2007