

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 034 ****61.25

DOCUMENT # N05000008475					
1. Entity Name PLUM CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER ROAD #4 NAPLES, FL 34109			Mailing Address C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER ROAD #4 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # 5741 Washington St Suite, Apt. #, etc. Naples FL City & State 34109 Zip		3. Mailing Address 5741 Washington St Suite, Apt. #, etc. Naples FL City & State 34109 Zip		Country USA	
Country USA		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWELL, WILLIAM A 5435 JAEGER ROAD #4 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name John Boyette Street Address (P.O. Box Number is Not Acceptable) 5741 Washington St Naples FL City Naples FL Zip Code 34109		
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 DATE 1/8/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BOYETTE, JOHN P STREET ADDRESS 6591 BOTTLEBRUSH LANE CITY - ST - ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME SEIBERT, DARREL L STREET ADDRESS 363 CUDDY COURT CITY - ST - ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MILLER, ROBERT A STREET ADDRESS 752 106TH AVENUE NORTH CITY - ST - ZIP NAPLES, FL 34108	<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	<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	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/8/08 Daytime Phone #					