


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90175 041 \*\*\*\*61.25

<b>DOCUMENT # N14319</b> 1. Entity Name <b>PLANTATION ISLAND PROPERTY OWNERS ASSOC. INC.</b>	
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Principal Place of Business <b>PO BOX 504 EVERGLADES CITY FL 33929</b>	Mailing Address <b>PO BOX 504 EVERGLADES CITY FL 33929</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>NO-T APPLICABLE</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  <b>FROST, SR, LINCOLN 75 FLAMINGO DRIVE, W PO BOX 333 EVERGLADES CITY FL 34139</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEBER, LARRY</b>		NAME <b>LEE MARTEENY</b>	
STREET ADDRESS <b>61 FLAMINGO DR., W, PO BOX 8178</b>		STREET ADDRESS <b>135 FLICKER LANE PO BOX 57</b>	
CITY-ST-ZIP <b>EVERGLADES CITY FL 34139</b>		CITY-ST-ZIP <b>EVERGLADES CITY FL 34139</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURKE, SONNY</b>		NAME	
STREET ADDRESS <b>24 EGRET LANE, PO BOX 5058</b>		STREET ADDRESS	
CITY-ST-ZIP <b>EVERGLADES CITY FL 34139</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FROST, SR, LINCOLN</b>		NAME	
STREET ADDRESS <b>75 FLAMINGO DR., W, PO BOX 333</b>		STREET ADDRESS	
CITY-ST-ZIP <b>EVERGLADES CITY FL 34139</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BECK, CAROL</b>		NAME	
STREET ADDRESS <b>83 FLAMINGO DR., W, PO BOX 611</b>		STREET ADDRESS	
CITY-ST-ZIP <b>EVERGLADES CITY FL 34139</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EYERS, ELVA</b>		NAME	
STREET ADDRESS <b>21 PLANTATION PARKWAY, PO BOX 151</b>		STREET ADDRESS	
CITY-ST-ZIP <b>EVERGLADES CITY FL 34139</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REID, JIM</b>		NAME	
STREET ADDRESS <b>66 FLAMINGO LANE, W, PO BOX 85</b>		STREET ADDRESS	
CITY-ST-ZIP <b>EVERGLADES CITY FL 34139</b>		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_

4-12-06 2396959119