2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N14319

Entity Name: PLANTATION ISLAND PROPERTY OWNERS ASSOC. INC.

Current Principal Place of Business:

PO BOX 504
EVERGLADES CITY, FL 33929

New Principal Place of Business:

61 FLAMINGO DR. W.
EVERGLADES CITY, FL 34139 US

Current Mailing Address:

PO BOX 504
EVERGLADES CITY, FL 33929

New Mailing Address:

PO BOX 504
EVERGLADES CITY, FL 34139 US

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

Name and Address of Current Registered Agent:

BECK, PAUL
73 FLAMINGO DR W
POB 611
EVERGLADES CITY, FL 34139 US

Name and Address of New Registered Agent:

BECK, PAUL T
73 FLAMINGO DR W
EVERGLADES CITY, FL 34139 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: PAUL BECK 02/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEBER, LARRY
Address: 61 FLAMINGO DR W,POB 178
City-St-Zip: EVERGLADES CITY, FL 34139

Title: VP ( ) Delete
Name: BURKE, SONNY
Address: 24 EGRET LANE, PO BOX 5058
City-St-Zip: EVERGLADES CITY, FL 34139

Title: T ( ) Delete
Name: BECK, PAUL
Address: 73 FLAMINGO DR W, POB 611
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete
Name: SELLERS, ELTON
Address: 84 FLAMINGO DR W, POB 504
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete
Name: EYERS, ELVA
Address: 21 PLANTATION PARKWAY, PO BOX 151
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete
Name: REID, SUSAN
Address: 66 FLAMINGO DR W, POB 85
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BECK, PAUL T
Address: 73 FLAMINGO DR W, POB 611
City-St-Zip: EVERGLADES CITY, FL 34139

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: PAUL BECK T 02/03/2009
Electronic Signature of Signing Officer or Director Date