

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90260 027 ****61.25

DOCUMENT # N15475

1. Entity Name
PLANTATION POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
100 PLANTATON BAY DRIVE
ORMOND BEACH, FL 32174 US

Mailing Address
100 PLANTATON BAY DRIVE
ORMOND BEACH, FL 32174 US

50042074



2. Principal Place of Business
103 A North Lake Dr

3. Mailing Address
103 A North Lake Dr

Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32174

Country
USA

Zip
32174

Country
USA

4. FEI Number
59-2698603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NANCY D. DEANE
100 PLANTATION BAY DRIVE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name
Nancy Deane

Street Address (P.O. Box Number is Not Acceptable)
103 A North Lake Dr

City
Ormond Beach

FL

Zip Code
32174

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 *Nancy Deane* DATE *4/15/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KALTNECKER, STANLEY JR 17 MAGNOLIA DR S ORMOND BCH., FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENZIES, PETER 18 MAGNOLIA DRIVE S ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHIESE, RONALD 15 MAGNOLIA DR S ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PETERS, PHILIP 9 MAGNOLIA DR ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, GEORGE 11 MAGNOLIA DR ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Raltnecker, Stanley, Jr</i> <i>17 Magnolia Dr. S.</i> <i>Ormond Beach, FL 32174</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP</i> <i>Peters, Philip</i> <i>9 Magnolia Dr S</i> <i>Ormond Beach, FL 32174</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DS</i> <i>Schieser, Ronald</i> <i>15 Magnolia Dr S</i> <i>Ormond Beach, FL 32174</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DT</i> <i>Black, Paul</i> <i>22 Magnolia Dr S</i> <i>Ormond Beach, FL 32174</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP</i> <i>Menzies, Peter</i> <i>18 Magnolia Dr S</i> <i>Ormond Beach, FL 32174</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *Ronald Schieser* DATE: *4-18-05* (386) 437-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR