

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90231 047 ****61.25

DOCUMENT # N15475

1. Entity Name

PLANTATION POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

103 A NORTH LAKE DR
ORMOND BEACH, FL 32174 US

Mailing Address

103 A NORTH LAKE DR
ORMOND BEACH, FL 32174 US

50016828



04182006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
103 A NORTH LAKE DR
ORMOND BEACH, FL 32174

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KALTNECKER, STANLEY JR
STREET ADDRESS 17 MAGNOLIA DR S
CITY-ST-ZIP ORMOND BCH., FL 32174

TITLE PD
NAME MENZIES, PETER
STREET ADDRESS 9 MAGNOLIA DR S
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DS
NAME SCHIESE, RONALD
STREET ADDRESS 15 MAGNOLIA DR S
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DT
NAME FLACK, PAUL
STREET ADDRESS 22 MAGNOLIA DR S
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DV
NAME MANCIES, PETER
STREET ADDRESS 18 MAGNOLIA DR S
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Paul Flack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #