


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90044 046 \*\*\*\*61.25

<b>DOCUMENT # N15475</b>					
1. Entity Name <b>PLANTATION POINT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>103 A NORTH LAKE DR ORMOND BEACH, FL 32174 US</b>			Mailing Address <b>103 A NORTH LAKE DR ORMOND BEACH, FL 32174 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2379 Beville Road</b>			3. Mailing Address <b>P.O. Box 291910</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>S. Daytona, FL</b>			City & State <b>Port Orange, FL</b>		
Zip <b>32119</b>	Country <b>USA</b>	Zip <b>32129-1910</b>	Country <b>USA</b>	4. FEI Number <b>59-2698603</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>DEANE CHATLEY, NANCY 103 A NORTH LAKE DR ORMOND BEACH, FL 32174</b>			7. Name and Address of New Registered Agent  Name <b>Nancy Deane Chatley</b> Street Address (P.O. Box Number is Not Acceptable) <b>2379 Beville Road</b>  City <b>S. Daytona, FL</b> Zip Code <b>32119</b>		
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 <u><i>Nancy D. Chatley, Community Mgr</i></u> DATE <u>4/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALTNECKER, STANLEY JR 17 MAGNOLIA DR S ORMOND BCH., FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENZIES, PETER 9 MAGNOLIA DR S ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Quertermous 4 Magnolia Drive South Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHIESE, RONALD 15 MAGNOLIA DR S ORMOND BEACH, FL 32174 <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	DT FLACK, PAUL 22 MAGNOLIA DR S ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T George Morrison 11 Magnolia Drive South Ormond Beach, FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS, PHILLIP 18 MAGNOLIA DR S ORMOND BEACH, FL 32174 <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: <u><i>Philip M. Peters</i></u>		Date <u>4/14/08</u> Daytime Phone # _____			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					