

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15475

FILED
Apr 15, 2009
Secretary of State

Entity Name: PLANTATION POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2379 BEVILLE RD
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

18 MAGNOLIA DR. S.
ORMOND BEACH, FL 32174 US

Current Mailing Address:

POB 291910
PORT ORANGE, FL 321291910 US

New Mailing Address:

103 A NORTH LAKE DRIVE
ORMOND BEACH, FL 32174 US

FEI Number: 59-2698603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEANE CHATLEY, NANCY
2379 BEVILLE RD
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

ROSKAMP, MARK
3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127 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: MARK ROSKAMP

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KALTNECKER, STANLEY JR
Address: 17 MAGNOLIA DR S
City-St-Zip: ORMOND BCH., FL 32174

Title: D () Delete
Name: QUERTERMOUS, ROBERT
Address: 4 MAGNOLIA DR S
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS () Delete
Name: SCHIESE, RONALD
Address: 15 MAGNOLIA DR S
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT () Delete
Name: MORRISON, GEORGE
Address: 11 MAGNOLIA DR S
City-St-Zip: DAYTONA BEACH, FL 32119

Title: PD () Delete
Name: PETERS, PHILLIP
Address: 18 MAGNOLIA DR S
City-St-Zip: ORMOND BEACH, FL 32174

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: SCHIESE, RONALD
Address: 15 MAGNOLIA DR S
City-St-Zip: ORMOND BEACH, FL 32174

Title: S (X) Change () Addition
Name: MORRISON, GEORGE
Address: 11 MAGNOLIA DR S
City-St-Zip: DAYTONA BEACH, FL 32119

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: PHILLIP PETERS

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date