

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15475

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** PLANTATION POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

103 A NORTH LAKE DRIVE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

3511 S. PENINSULA DR.  
PORT ORANGE, FL 32127 US

**FEI Number:** 59-2698603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: ST  
Name: MORRISON, GEORGE  
Address: 11 MAGNOLIA DR S  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: P  
Name: PETERS, PHILLIP  
Address: 18 MAGNOLIA DR S  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: SCHLESZ, RON  
Address: 1432 GOLD CLUB LANE  
City-St-Zip: CROSSVILLE, TN 38571

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP PETERS

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date