

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90045 032 \*\*\*\*61.25

**DOCUMENT # N19533**

1. Entity Name  
**PLANTATION HOUSE CONDOMINIUM OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**SOUTH SEAS PLANTATION  
CAPTIVA, FL 33924 US**

Mailing Address  
**1509 PERIWINKLE WAY  
SANIBEL, FL 33957 US**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>65-0108344</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HILTON GRAND VACATIONS COMPANY, LLC  
6355 METROWEST BLVD  
SUITE 180  
ORLANDO, FL 32835**

**DO NOT WRITE  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FARNHAM, JOYCE 29 N FRANKLIN TNPKE RAMSEY, NJ 07446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MYERS, DAN 5492 W FORK RD DARBY, MT 59829
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HANSON, VERLENE 9802 NW 75TH STREET WEATHERBY LAKE, MO 64152
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DAN MYERS**

**1-13-07**

**406-824-4055**