

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 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

01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0108344	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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FARNHAM, JOYCE
STREET ADDRESS	29 N FRANKLIN TNPKE
CITY - ST - ZIP	RAMSEY, NJ 07446

TITLE	PD
NAME	MYERS, DAN
STREET ADDRESS	5492 W FORK RD
CITY - ST - ZIP	DARBY, MT 59829

TITLE	STD
NAME	HANSON, VERLENE
STREET ADDRESS	9802 NW 75TH STREET
CITY - ST - ZIP	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	

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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 #