

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 009 ****61.25

DOCUMENT # N21925

1. Entity Name

PLANTATION RIVERBEND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2177 SE OCEAN
STUART FL 34996
US

Mailing Address

2177 SE OCEAN
STUART FL 34996
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2921619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMOTHY D. KAZMIER
2177 SE OCEAN
STUART FL 34996

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	DONOHUE, EDIE	
STREET ADDRESS	2115 SE OCEAN BLVD	
CITY, ST, ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, BILL	
STREET ADDRESS	2115 SE OCEAN BLVD	
CITY, ST, ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, FREEMAN	
STREET ADDRESS	2177 SE OCEAN BLVD	
CITY, ST, ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEED, ART	
STREET ADDRESS	2177 SE OCEAN BLVD	
CITY, ST, ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, ANGIE	
STREET ADDRESS	2115 SE OCEAN BLVD	
CITY, ST, ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2177 SE Ocean Blvd	
CITY, ST, ZIP	Stuart, FL 34996	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Sennett	
STREET ADDRESS	2177 SE Ocean Blvd	
CITY, ST, ZIP	Stuart FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2177 SE Ocean Blvd	
CITY, ST, ZIP	Stuart, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

2-07-07