

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90115 038 ****61.25

DOCUMENT # N36161

1. Entity Name
PLANTATION BAY VILLAS OWNERS ASSOCIATION, INC.



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

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

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0218464

Applied For
Not Applicable

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, 2006**

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 CROICK, PEGGY 6609 PARKWOOD RD. EDINA, MN 55436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, VERLENE C 9802 NW 75TH STREET WEATHERBY LAKE, MO 64152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILOSIC, JUDY S. 28661 VILLAGE LANE FARMINGTON HILLS, MI 48334
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:

Verlene C. Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Verlene C. Hanson

1-14-06 816 587-0505

Date

Daytime Phone #