2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N36161

Entity Name: PLANTATION BAY VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SOUTH SEAS PLANTATION
CAPTIVA, FL 33924 US

New Principal Place of Business:

Current Mailing Address:

1509 PERIWINKLE WAY
SANIBEL IS, FL 33957 US

New Mailing Address:

FEI Number: 65-0218464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILTON GRAND VACATIONS COMPANY,LLC
6355 METROWEST BLVD.
SUITE 180
ORLANDO, FL 32835 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: PD ( ) Delete
Name: CROLICK, PEGGY
Address: 6609 PARKWOOD RD.
City-St-Zip: EDINA, MN 55436

Title: VD ( ) Delete
Name: HANSON, VERLENE C
Address: 9802 NW 75TH STREET
City-St-Zip: WEATHERBY LAKE, MO 64152

Title: STD ( ) Delete
Name: MILOSIC, JUDY S.
Address: 28661 VILLAGE LANE
City-St-Zip: FARMINGTON HILLS, MI 48334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HANSON, VERLENE C
Address: 9802 NW 75TH STREET
City-St-Zip: WEATHERBY LAKE, MO 64152

Title: VD (X) Change ( ) Addition
Name: MILOSIC, JUDY S
Address: 28661 VILLAGE LANE
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: STD (X) Change ( ) Addition
Name: CROLICK, PEGGY
Address: 6609 PARKWOOD ROAD
City-St-Zip: EDINA, MN 55436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VERLENE C. HANSON P 03/27/2009

Electronic Signature of Signing Officer or Director — Date