2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # N44015 **Secretary of State** 1. Entity Name PLANTATION GOLF AND COUNTRY CLUB, INC. Principal Place of Business Mailing Address 500 ROCKLEY BLVD VENICE FL 34293 500 ROCKLEY BLVD VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0273104 Not Applicab! Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIERSMA, VERN 500 RUCKLEY BLVD Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34293 City Zip Code 3. 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. (am familiar with, and accept the obligations of legistered agent. Vern Wiersma SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Detere TISLE ☐ Change BARAN, MIKE NAME NAME U00000419144 02/14/06-80035-018 61.25 500 ROCKLEY BYLD. STREET ADDRESS STREET ADDRESS VENICE FL 34293 CUTY- ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Acci: DONNELLY, BILL MAME MARTE 500 ROCKLEY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Additi NAME WILLIAMSON, TERRY NAME STREET ADDRESS 500 ROCKLEY BLVD. STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY ST-ZIP □ Delete Change ☐ Adm NAME THOMPSON, DAVID STREET ADDRESS 500 RUCKLEY BLVD STREET ADDRESS City-St-219 VENICE FL 34293 CUTY-ST-ZIP TITLE Delete TITLE ☐ Change □ Ad: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Ac NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-219 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 path; that I am an officer or direct 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 if changed, or on an attachment with an address, with all other like empowered.

FILED