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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720655** (0)

1. Corporation Name

PLANTATION TROPICAL PARK, INC.

Principal Place of Business

Mailing Address

**103 ORCHID STREET
TAVERNIER FL 33070
US**

**103 ORCHID STREET
TAVERNIER FL 33070-2416**

3. Date Incorporated or Qualified

04/05/1971

4. FEI Number

65-0134883

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'HARA, MARGARET R.
103 ORCHID ST
TAVERNIER FL 33070**

81 Name

MANNY CATANI

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

156 ORCHID ST

83

84 City

TAVERNIER

FL

85 Zip Code

33070

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Manny Catani

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	SLEFE, NORMAN	
STREET ADDRESS	177 ORCHID ST	
CITY-ST-ZIP	TAVERNIER, FL 00000	

TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	HALLETT, BETTY	
STREET ADDRESS	123 ORCHID ST	
CITY-ST-ZIP	TAVERNIER FL	

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	SELFE, NORMAN,	
STREET ADDRESS	177 ORCHID ST.	
CITY-ST-ZIP	TAVERNIER FL	

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	O'HARA ANTHONY J., VICE PRES	
STREET ADDRESS	103 ORCHID ST.	
CITY-ST-ZIP	TAVERNIER FL	

TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	OHARA MARGARET R.,	
STREET ADDRESS	103 ORCHID ST.	
CITY-ST-ZIP	TAVERNIER FL	

TITLE	VP DIRECTOR	<input type="checkbox"/> DELETE
NAME	OHARA ANTHONY,	
STREET ADDRESS	103 ORCHID ST.	
CITY-ST-ZIP	TAVERNIER FL	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANNY CATANI	
1.3 STREET ADDRESS	156 ORCHID ST	
1.4 CITY-ST-ZIP	TAVERNIER, FL 33070	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret R. O'Hara* **MARGARET R. O'HARA** **1-10-98 305 852 8700**

CR2E037 (10/97)