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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720655

1. Corporation Name

PLANTATION TROPICAL PARK, INC.

Principal Place of Business

**103 ORCHID STREET
TAVERNIER FL 33070
US**

Mailing Address

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



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

3. Date Incorporated or Qualified

04/05/1971

4. FEI Number

65-0134883

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**MANNY CATANI
156 ORCHID ST.
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MANNY CITANI**
STREET ADDRESS **156 ORCHID ST.**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **S** ☐ DELETE

NAME **HALLETT, BETTY**
STREET ADDRESS **123 ORCHID ST**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **D** ☐ DELETE

NAME **SELFE, NORMAN,**
STREET ADDRESS **177 ORCHID ST.**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **DVP** ☐ DELETE

NAME **O'HARA ANTHONY J.,**
STREET ADDRESS **103 ORCHID ST.**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **T** ☐ DELETE

NAME **OHARA MARGARET R.,**
STREET ADDRESS **103 ORCHID ST.**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **VPD** ☐ DELETE

NAME **OHARA ANTHONY,**
STREET ADDRESS **103 ORCHID ST.**
CITY-ST-ZIP **TAVERNIER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret R O'Hara (305) 852 8700
Date Daytime Phone #

CR2E037 (11/98)