


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90045 009 \*\*\*\*61.25

<b>DOCUMENT # 720655</b>	
1. Entity 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
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**54019942**



2. Principal Place of Business 125 ORCHID ST Suite, Apt. #, etc.	3. Mailing Address 125 ORCHID ST. Suite, Apt. #, etc.
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03152004 Chg-NP CR2E037 (10/03)

City & State TAVERNIER FL	City & State TAVERNIER FL
Zip 33070	Zip 33070
Country US	Country US

4. FEI Number 65-0134883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUNDY, KENNETH A 168 ORCHID ST TAVERNIER, FL 33070	
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7. Name and Address of New Registered Agent Name MARY E. FEUERBACH Street Address (P.O. Box Number is Not Acceptable) 125 ORCHID ST. City TAVERNIER FL Zip Code 33070	
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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 Mary E. Feuerbach 3/15/04  
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNDY, KENNETH A 168 ORCHID ST TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> <del>MANUEL A. CATANI, MANUEL A.</del> 156 ORCHID ST. TAVERNIER FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALLETT, BETTY 123 ORCHID ST TAVERNIER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLL, ROGER C 116 ORCHID ST TAVERNIER FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELFE, NORMAN, 177 ORCHID ST TAVERNIER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CATANI, JANET 156 ORCHID ST. TAVERNIER FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'HARA ANTHONY J., 103 ORCHID ST. TAVERNIER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>FEUERBACH, MARY E</del> 125 ORCHID ST. TAVERNIER FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OHARA MARGARET R., 103 ORCHID ST. TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNTHER, JOEY 190 ORCHID ST TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: MARY E FEUERBACH Mary E. Feuerbach 3/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #