

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720655

FILED
Apr 17, 2010
Secretary of State

Entity Name: PLANTATION TROPICAL PARK, INC.

Current Principal Place of Business:

169 ORCHID ST
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

169 ORCHID ST
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 65-0134883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABAIR, NADINE
169 ORCHID STREET
TAVERNIER, FL 33070 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: P
Name: CARRIER, CLAIRE MRS
Address: 153 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

Title: V
Name: BRANUM, DANNY J MR
Address: 169 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

Title: S
Name: CARRIER, CLAIRE MRS
Address: 153 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

Title: T
Name: ABAIR, NADINE MRS
Address: 169 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

Title: DIR
Name: MOLL, ROGER C MR
Address: 116 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

Title: DIR
Name: FEUERBACH, MARY E MRS
Address: 125 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

I hereby 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 all other like empowered.

SIGNATURE: NADINE ABAIR

T

04/17/2010

Electronic Signature of Signing Officer or Director

Date