2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
02-20-2003 90129 034 ****61.25

DOCUMENT # 720655

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0134883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SELFE, NORMAN 177 ORCHID ST TAVERNIER FL 33070-2453	Name KENNRTH A. LUNDY Street Address (P.O. Box Number is Not Acceptable) 168 ORCHID STR. City TAVERNIER FL Zip Code 33070

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 Margaret R. O'Hara DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANNY CITANI 156 ORCHID ST. TAVERNIER FL 33070	☒ Delete	P KENNRTH A LUNDY 168 ORCHID ST. TAVERNIER FL. 33070	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HALLETT, BETTY 123 ORCHID ST TAVERNIER FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELFE, NORMAN, 177 ORCHID ST TAVERNIER FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP O'HARA ANTHONY J., 103 ORCHID ST. TAVERNIER FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OHARA MARGARET R., 103 ORCHID ST. TAVERNIER FL	☐ Delete	T D MARGARET R. O'HARA 103 ORCHID ST TAVERNIER FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD OHARA ANTHONY, 103 ORCHID ST. TAVERNIER FL	☒ Delete	P.D JOEY GUNTHER 190 ORCHID ST TAVERNIER FL 33070	☑ Change ☐ Addition

CR2E037 (10/02)

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.

D 305

SIGNATURE: SIGNATURE REQUIRED NORMAN SELFE 3-17-03 852 9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #