2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #749214

1. Entity Name
PLANTATION PLACE CONDOMINIUM ASSOCIATION, INC.



Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90042 048 ****61.25

FILED

Principal Place of Business 7100 W. COMMERCIAL BLVD. SUITE 107 LAUDERHILL, FL 33319			7100 Suite	Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319) 6/0/ 0/1/ 1		I I II I I I I I I I I I I I I I I I I	1
2. Principal Place of Business - No P.O. Box #			3. Maili	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02092007	Ch	g-NP	CR	2E03	7 (12/06)		
City & State			City & State				*	4. FEI Number 59-1922790						pplied For ot Applicable
Zip Country			Zip	Zip Country				5. Certifica	te of Sta	atus Desire	ed [8.75 Ad	ditional
	6. Name	and Address of Current	Registered	i Agent		-		7. Name ar	nd Addı	ess of Ne	w Registe	ered A	gent	
						Name							-	
AMBASSADOR COMMUNITY MGMT, INC. 7100 W. COMMERCIAL BLVD. SUITE 107						Street A	Address (P.O. Box Num	ber is N	lot Accepta	able)			
LAUDERH		319												
						City						FL	Zip Cod	de
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	or the purpo	se of changing its	registere	ed office o	or register	ed agent, or b	ooth, in t	he State o	f Florida.	i am fa	imiliar with	, and accept
SIGNATURE .		or printed name of registered agent	and title if appli	cable. (NOTE	Registered	s Agent signa	ture required	when reinstating)			c	DATE		<u>.</u>
	Filing Fee	s ls \$61.25		9. Election Cam	paign Fi	inancing		\$5.00 May	Be .		Make o	heck	payable 1	
	Due by M	ay 1, 2007		Trust Fund C				Added to Fee		F			ment of S	
10.	Due by M		RECTORS		ontributi			Added to Fee	es		lorida D	eparti		tate
· · · · · · · · · · · · · · · · · · ·	Due by M	OFFICERS AND DI	RECTORS	Trust Fund C	ontributi	on.			es		lorida D	eparti ID DIR	ECTORS II	N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Daytime Phone #