2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #749214

1. Entity Name PLANTATION PLACE CONDOMINIUM ASSOCIATION,



FILED Feb 19, 2008 8:00 am Secretary of State 02-19-2008 90028 050 ****61.25

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| INC. | | | | LEE! | | | |
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| Principal Place of Business 7100 W. COMMERCIAL BLVD. SUITE 107 LAUDERHILL, FL 33319 Mailing Address 7100 WEST COMMERCIAL BLVD. SUITE 107 LAUDERHILL, FL 33319 | | | 1100 | | Bi bish bish bish bish bish bish cib | TILLAN AL FARK | |
| 2. Principal | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 0212200 | 08 Chg-NP | CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Nu 59-1 | mber 922790 | | oplied For |
| Zip | Country | Zip | Zip Country | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name | and Address of New | | <u></u> |
| AMBASS | ADOR COMMUNITY MGMT, IN | C | Name | | | | |
| | COMMERCIAL BLVD. | C . | Street Ad | dress (P.O. Box Nu | mber is Not Acceptable | e) | |
| | , IILL, FL 33319 | | | | | | |
| | | | City | | <u> </u> | FL Zip Cod | е |
| 8. The above the obliga | e named entity submits this statement for tions of registered agent. | the purpose of changing its | registered office or r | registered agent, o | both, in the State of Fi | orida. I am familiar with, | and accept |
| | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | ANATE | Domintored Constrained | | | DATE | |
| | - was easily the contract of the state of th | no ne n appacatie. (14015 | : Registered Agent signature | e required when reinstating | 1) | DATE | |
| | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Carr Trust Fund C | npaign Financing ontribution. | \$5.00 Mark | 2,00 | lake check payable trida Department of S | |
| 10. | | Trust Fund C | | ✓ Added to F | ees Flo | | tate |
| ти | OFFICERS AND DIF | Trust Fund C | antribution. | Added to F | CHANGES TO OFFICE | rida Department of S | tate |
| TITLE NAME | OFFICERS AND DIF | Trust Fund C | antribution. | Added to F | CHANGES TO OFFICE | rida Department of SIERS AND DIRECTORS IN | tate |
| TITLE NAME STREET ADDRESS | OFFICERS AND DIF SD RUDOLPH, BETTY 6600 CYPRESS RD 202 | Trust Fund C | Ontribution. 11. TITLE NAME STREET ADDRESS | Added to F. ADDITIONS, SD Maurer, F 6700 Cypres | changes to office Luthann ss Road #301 | rida Department of SIERS AND DIRECTORS IN | tate |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIF SD RUDOLPH, BETTY 6600 CYPRESS RD 202 FORT LAUDERDALE, FL 33317 | Trust Fund C | Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Added to F ADDITIONS, SD Maurer, F 6700 cypres Plantation, | changes to office Luthann ss Road #301 | rida Department of Si ERS AND DIRECTORS IN | tate I 10 ☑ Addition |
| TITLE NAME STREET ADDRESS | OFFICERS AND DIF SD RUDOLPH, BETTY 6600 CYPRESS RD 202 | Trust Fund C | Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 2 | Added to F ADDITIONS, SD Maurer, F 6700 cypres Plantation, 2VP | CHANGES TO OFFICE Luthann SS Road #301 FL 33317 | rida Department of SIERS AND DIRECTORS IN | tate |
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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 attackment with an address, with all other like empowered.

MURRAY FISCHER 2/13/08 954 327-0986

UNING OFFICER OR DIRECTOR DELETER OF DELETER OR DIRECTOR DELETER OF DELET SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF