2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# 761519

Entity Name: MEDLEY PLANTATION ASSOCIATION, INC.

Current Principal Place of Business:

8191 NW 91 TERR BAY 9
MEDLEY, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8181 NW 91 TERR #10
MEDLEY, FL 33166 US

New Mailing Address:

FEI Number: 59-2346454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, MARCEL
8181 NW 91 TERR #4
MEDLEY, FL 33166 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:	PD	( ) Delete
Name:	RUIZ, MARCEL	
Address:	8181 NW 91 TERR #4	
City-St-Zip:	MIAMI, FL 33166	
Title:	V	( ) Delete
Name:	FERNANDEZ, ALAIN	
Address:	8191 NW 91ST TERR #7	
City-St-Zip:	MEDLEY, FL 33166	
Title:	TSD	( ) Delete
Name:	MICHELSON, MALCOLM D	
Address:	8191 NW 91ST TERR #9	
City-St-Zip:	MEDLEY, FL 33166	
Title:	D	( ) Delete
Name:	MICHELSON, MALCOLM D	
Address:	8191 NW 91 TERR #9	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	FERNANDEZ, ALAIN	
Address:	8171 NW 91 TERR #5	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	ORMAZABAL, WALTER	
Address:	8191 NW 91 TERRACE, #3	
City-St-Zip:	MIAMI, FL 33166	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TSD	(X) Change ( ) Addition
Name:	ROMAIN, MURIEL A	
Address:	8181 NW 91ST TERR #10	
City-St-Zip:	MEDLEY, FL 33166	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MURIEL A ROMAIN TSD 01/10/2007

Electronic Signature of Signing Officer or Director — Date