## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N00000000691

1. Entity Name

## PLANTATION TECHNOLOGY PARK PROPERTY OWNERS' ASSOCIATION, INC.



Feb 11, 2004 8:00 am Secretary of State 02-11-2004 90033 037 \*\*\*\*61.25

**FILED** 

			WE WE TO	~			
Principal Place of Busine	ss	Mailing Address	·				
1177 S.E. 3RD. AVE. FT. LAUDERDALE FL		1177 S.E. 3RD. A FT. LAUDERDAL	AVE. LE FL 33316-1197				
2. Principal Place of Bus	iness	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number NO-T APPL			
Zip	Country	Zip	Country				

Suite, Apt #, etc.  City & State  City & State  City & State  City & State  Country	2. Principal Place of Business		3. Mailing Address										
Zip Country Zip Country S. Centricase of Status Desired	Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				M	OORE	CR2E037	(11/03)		
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  ALLSWORTH, EMERSON 1177 S.E. 3RD. AVE FT. LAUDERDALE FL 33316-1197  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  City  FL  Vision  City  FL  Vision  City  FL  Vision  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Vision  Street Address (P.O. Box Number is Not Acceptable)  FL  Vision  Street Address (P.O. Box Num	City & State		City	City & State				4. FEI Number	NO-T APPL	ICABLE	<u> </u>		
ALLSWORTH, EMERSON 1177 S.E. SRD. AVE. FT. LAUDERDALE FL 33316-1197  6. 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 and 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.  SGNATURE  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61:25  Use By May 1, 2004  PUBLIS \$61:25  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 trust Fund Controlution  NAME MURPHY, BILL  400 N. UNIVERSITY DR., STELD-103  LINE AGON. UNIVERSITY DR., STELD-103  LINE AGO	Zip		Country	Zip	o Country			5. Certificate of S	itatus Desired		8.75 Add	itional	
ALLSWORTH, EMERSON 1177 S.E. SRD. AVE FT. LAUDERDALE FL 33316-1197  City  City  FL  City  City  FL  City		6. Name	and Address of Current	Registered	Agent				7. Name and Ad-	dress of New F	legistered A	gent	
1177 S.E. 3RD. AVE. FT. LAUDERDALE FL 33316-1197  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acc				<del>-</del> · .	- · - · .		Name						
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATUR	1177 S.E. 3RD. AVE.					Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature		J 100E110	ALL 1 L 00010 11	<b>•</b> ,									
SIGNATURE  FILE NOW: FEE IS \$61.25  Due By May 1; 2004  OFFICERS AND DIRECTORS  TITLE NAME  MRPHY, BILL 4300 N. UNIVERSITY DR., STEE. D-103  LAUDERHILL FL 33351  TITLE NAME  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  ADDITION SCHEPPS  ADDITION SCH							City				FL	Zip Code	•
SIGNATURE    Signature   True   File   NOW: FEE IS; \$61:25   Due By May 1, 2004   Provided a profit and life if applicable. (NOTE Regulatere Apart liginature required when renatating)   Date				r the purpos	e of changing its	register	ed office or re	egister	ed agent, or both, in	the State of Flo	orida. I am fa	amiliar with,	and accept
FILE NOW: FEE IS \$61.25   Due by May 1, 2004   Delection Campaign Financing Trust Fund Contribution.   S.5.00 May Be Added to Fees   Florida Department of State	me obligant	ons or registe	red agent.										
FILE NOW: FEE IS \$61.25   Due by May 1, 2004   Delection Campaign Financing Trust Fund Contribution.   S.5.00 May Be Added to Fees   Florida Department of State	CIONATURE		•										
Trust Fund Contribution		Signature, typed o	r printed name of registered agent	and title if applica	able. (NOTE	Registere	d Agent signature	e required	when reinstating)		DATE		
Trust Fund Contribution					<b>A</b> Florida O		· · · · · · · · · · · · · · · · · · ·			a Alexandra III	Siese Diese	23.33	Fall September
10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   11   11   12   12   13   14   15   15   15   16   16   16   16   16	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Company and the same	Contains the Market Contains the Contains and the					٦					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET NAM		Due by	May 1, 2004				_	_	Added to 1 ees	FIUII	ua Depait	mem or a	late
MURPHY, BILL ANDRESS CITY-ST-ZIP TITE CITY-ST-ZIP CITY-ST-ZIP TITE CITY-ST-ZIP TITE CITY-ST-ZIP TITE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITE CITY-ST-ZIP CITY-ST-ZI			OFFICERS AND DI	RECTORS		11.		Α	ADDITIONS/CHANC	SES TO OFFICE	RS AND DIR	ECTORS IN	10
STREET ADDRESS   CITY-ST-ZIP	THE	-			☐ Delete	TITL	E					☐ Change	☐ Addition
CITY-ST-ZP	UVANT				NAM	E							
TITLE	SITIECT ADDITION	.00				1		٠					
MAME STREET ADDRESS CITY-ST-ZIP TITLE SD OSHEROFF; MARC A OSHEROFF; MARC A STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE SD OSHEROFF; MARC A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	0111 07 217		LTE 33331			CITY	-ST-ZIP						
STREET ADDRESS   CITY-ST-ZIP   PLANTATION FL 33313   STREET ADDRESS   CITY-ST-ZIP   PLANTATION FL 33313   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS	IIILE .	. –	I GEORGE V		Delete	1	ł .					☐ Change	Addition
CITY-ST-ZIP	TOPANSAL		•										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STILL ADDITION					•	1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	- ONT OF 2H					-							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			MARC A	يرنسد ورس	L Delete	🖪	×	-	بالمنجاب والمساد			Change	☐ Addition
CITY-ST-ZIP  NORTH MIAMI FL 33169  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ALLSWORTH, EMERSON 1177 S.E. 3RD. AVE. FT. LAUDERDALE FL 33316-1197  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		•			<b>.</b>							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ì.	•		В									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	TD	· · ·		☐ Delete	TITL	E			<del></del>	* *	☐ Change	noitibhA 🗆
CITY-ST-ZIP  PLANTATION FL 33313  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	•			<u> </u>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS \$					STRI	ET ADDRESS						
ALLSWORTH, EMERSON 1177 S.E. 3RD. AVE. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	GHT-31-Zir	_	ON FL 33313			C†TY	- ST- ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE: NAME STREET ADDRESS CITY-ST-ZIP  TITLE: NAME STREET ADDRESS CITY-ST-ZIP  TOTAL STREET ADDRESS CITY-ST-ZIP	TITLE 1		U EMEROON		☐ Delete	TITL	E					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP  TITLE:  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	NAME												
CITY-ST-ZIP	STREET ADDRESS												
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					☐ Delete							Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	I												
	I					4							
	<u></u>	ortific the state of	information complied with	s thin fill—— →	non not aveille t	_	<u> </u>	die C-	otion 110 07/0V/) T	Tarida Ctatuta -	1 for a the control of	6. that the	.fa

Interest certain the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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. EMERSON

SIGNATURE: \_\_\_\_\_ aeric SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BUSWORTH

Daytime Phone #