2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007651

1. Entity Name
PLANTATION COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15051 S TAMIAMI TR, STE 203 FT MYERS, FL 33908	15051 S TAMIAMI TR, STE 203 FT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1076924

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRATTON, CINDY
15051 S TAMIAMI TR, STE 203
FT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADKINS, EDWARD D
STREET ADDRESS	15051 S TAMIAMI TR, STE 203
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	D
NAME	LEVINE, STEVEN G
STREET ADDRESS	15051 S TAMIAMI TR, STE 203
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	D
NAME	MARINO, STEVEN
STREET ADDRESS	8400 TECHESTER
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000440075
11/02/06 90026-018 61.25

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #