

**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.	
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Principal Place of Business 15051 S TAMiami TR, STE 203 FT MYERS, FL 33908	Mailing Address 15051 S TAMiami TR, STE 203 FT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



02142008 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**

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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 signatures required when registering) DATE _____

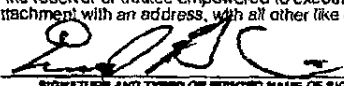
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, EDWARD D 15051 S TAMiami TR, STE 203 FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, STEVEN G 15051 S TAMiami TR, STE 203 FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, STEVEN 8400 TECHESER 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	

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IN THIS SPACE**

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11/3/02/06 90026-018 61.25

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 # _____