


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90002 019 ****61.25

DOCUMENT # N03000001221	
1. Entity Name PLANTATION CORPORATE PARK ASSOCIATION, INC.	

Principal Place of Business 2400 1ST ST STE 200 FT MYERS, FL 33901	Mailing Address 735 GODDARD AVE CHESTERFIELD, MO 63005
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2. Principal Place of Business - No P.O. Box # 6341 Tidewater Is Civ	3. Mailing Address PMB 270, Suite 18
Suite, Apt. #, etc.	Suite, Apt. #, etc. 16520 S. Tamiami Tr

City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33908	Zip 33908
Country USA	Country USA



05312007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
HUBBARD, STEVEN W 2320 2ST ST STE 1000 FT MYERS, FL 33901	
Delete	

4. FEI Number 20-1708992	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Susan Matter, Secretary	DATE 5/31/07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME JANSON, CHRISTOPHER P	TITLE P	NAME Mr. Michael Fitzgerald
STREET ADDRESS 735 GADDARD AVE	CITY-ST-ZIP CHESTERFIELD, MO 63005	STREET ADDRESS P.O. Box 13 Mead Street	CITY-ST-ZIP Waccabuc, NY 10597
TITLE VD	NAME O'TOOLE, BART	TITLE ST	NAME Mrs Susan Matter
STREET ADDRESS 2400 1ST ST STE 200	CITY-ST-ZIP FT MYERS, FL 33901	STREET ADDRESS 6341 Tidewater Island Civ	CITY-ST-ZIP Fort Myers, FL 33908
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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: Susan Matter, Secretary	DATE 5/31/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	