


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90148 018 \*\*\*\*61.25

|  |                                     |   |  |   |  |
|--|-------------------------------------|---|--|---|--|
| <b>DOCUMENT # N03000001221</b><br>1. Entity Name<br><b>PLANTATION CORPORATE PARK ASSOCIATION, INC.</b>   |                                     |   |  |    |  |
| Principal Place of Business<br><b>6341 TIDEWATER IS CIR<br/>FORT MYERS, FL 33908 US</b>  |                                     |   | Mailing Address<br><b>PMB 270, SUITE 18<br/>16520 S. TAMiami TR.<br/>FORT MYERS, FL 33908 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                     | 3. Mailing Address<br><div style="text-align: center;">1</div>                      |  |   |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                     | City & State  |  | 4. FEI Number<br><b>20-1708992</b>  |  |
| Zip  |                                     | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MATTER, SUSAN<br/>6341 TIDEWATER ISLAND CIR<br/>FORT MYERS, FL 33908</b>   |                                     |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                     |   |  |   |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2008</b>  |                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                                     |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                     |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                     |   |  |
| TITLE  | P <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | FITZGERALD, MICHAEL                 |   | NAME   |   |  |
| STREET ADDRESS   | P.O. BOX 13 MEAD STREET             |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WACCABUC, NY 10597                  |   | CITY-ST-ZIP  |   |  |
| TITLE  | STD <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | MATTER, SUSAN                       |   | NAME   |   |  |
| STREET ADDRESS   | 6341 TIDEWATER ISLAND CIR           |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33908                |   | CITY-ST-ZIP  |   |  |
| TITLE  | D <input type="checkbox"/> Delete   |   | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | FITZGERALD-BOBOL, CHRISTINE         |   | NAME   | Christine Fitzgerald  |  |
| STREET ADDRESS   | 6341 TIDEWATER ISLAND CIR           |   | STREET ADDRESS   | 6341 Tidewater Is Circle  |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33908                |   | CITY-ST-ZIP  | Fort Myers, FL 33908  |  |
| TITLE  | <input type="checkbox"/> Delete     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                     |   | NAME   |   |  |
| STREET ADDRESS   |                                     |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                     |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                     |   | NAME   |   |  |
| STREET ADDRESS   |                                     |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                     |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                     |   | NAME   |   |  |
| STREET ADDRESS   |                                     |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                     |   | 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. |                                     |   |  |   |  |
| <b>SIGNATURE:</b> <u>Susan Matter, Secretary</u>   |                                     |   | 4-22-08 239-691-2205   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                     |   | <small>Date Daytime Phone #</small>  |   |  |