

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005762

1. Entity Name

PLANTATION POINTE CONDOMINIUM OWNERS', INC.



Principal Place of Business

13861 PLANTATION ROAD
101
FORT MYERS, FL 33912

Mailing Address

13861 PLANTATION ROAD
101
FORT MYERS, FL 33912



03262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5006274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLL, WILLIAM P
13861 PLANTATION ROAD
FORT MYERS, FL 33912

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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 signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000876230
04/11/08-80063-023 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOLL, WILLIAM P
STREET ADDRESS 13861 PLANTATION ROAD #101
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D
NAME SLISHER, DON
STREET ADDRESS 13861 PLANTATION ROAD #105
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D
NAME SCHREIBER, DICK
STREET ADDRESS 13861 PLANTATION ROAD #102
CITY-ST-ZIP FORT MYERS, FL 33912

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**

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

3/27/08 (239)936 4411
Daytime Phone #