

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90010 003 \*\*\*\*70.00

**DOCUMENT # N14319**

1. Entity Name

PLANTATION ISLAND PROPERTY OWNERS ASSOC. INC.



Principal Place of Business

PO BOX 504  
EVERGLADES CITY FL 33929

Mailing Address

PO BOX 504  
EVERGLADES CITY FL 33929



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROST, SR, LINCOLN  
75 FLAMINGO DRIVE, W  
PO BOX 333  
EVERGLADES CITY FL 34139

Name **BECK PAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**73 FLAMINGO DR W**  
**PO BOX 611**

City **EVERGLADES CITY** FL Zip Code **34139**

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

**PAUL BECK**

*Paul Beck* T

01-31-2008

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature req. used when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
- Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LEE, MARTEENY ☒ Delete  
STREET ADDRESS 135 FLICKER LN PO BOX 57  
CITY- ST- ZIP EVERGLADES CITY FL 34139

TITLE VP  
NAME BURKE, SONNY ☐ Delete  
STREET ADDRESS 24 EGRET LANE, PO BOX 5058  
CITY- ST- ZIP EVERGLADES CITY FL 34139

TITLE T  
NAME FROST, SR, LINCOLN ☒ Delete  
STREET ADDRESS 75 FLAMINGO DR., W, PO BOX 333  
CITY- ST- ZIP EVERGLADES CITY FL 34139

TITLE D  
NAME BECK, CAROL ☒ Delete  
STREET ADDRESS 83 FLAMINGO DR., W, PO BOX 611  
CITY- ST- ZIP EVERGLADES CITY FL 34139

TITLE D  
NAME EYERS, ELVA ☐ Delete  
STREET ADDRESS 21 PLANTATION PARKWAY, PO BOX 151  
CITY- ST- ZIP EVERGLADES CITY FL 34139

TITLE D  
NAME REID, JIM ☒ Delete  
STREET ADDRESS 66 FLAMINGO LANE, W, PO BOX 85  
CITY- ST- ZIP EVERGLADES CITY FL 34139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME WEBER LARRY  
STREET ADDRESS 61 FLAMINGO DR. W  
CITY- ST- ZIP PO BOX 178  
EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE T ☒ Change ☐ Addition  
NAME BECK PAUL  
STREET ADDRESS 73 FLAMINGO DR. W  
CITY- ST- ZIP PO BOX 611  
EVERGLADES CITY FL 34139

TITLE D ☒ Change ☐ Addition  
NAME SELLARS ELTON  
STREET ADDRESS 84 FLAMINGO DR. W  
CITY- ST- ZIP PO BOX 504  
EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Change ☐ Addition  
NAME REID SUSAN  
STREET ADDRESS 66 FLAMINGO DR. W  
CITY- ST- ZIP PO BOX 85  
EVERGLADES CITY FL 34139

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Paul Beck* T

01-31-2008

239-695-3695