

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000066948**

1. Entity Name  
**PLANTATION MEADOWS APARTMENTS, INC.**



Principal Place of Business

**7261 NW 16TH ST  
B-144  
PLANTATION, FL 33313 US**

Mailing Address

**11497 COLUMBIA PK DR W, STE # 7  
JACKSONVILLE, FL 32258 US**



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0437906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PAPAGEORGE, SPYROS  
11497 COLUMBIA PK DR W, STE # 7  
JACKSONVILLE, FL 32258**

**DO NOT WRITE  
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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PAPAGEORGE, SPYROS
STREET ADDRESS	11497 COLUMBIA PK DR W, STE # 7
CITY-STATE-ZIP	JACKSONVILLE, FL 32258

TITLE	ST
NAME	PAPAGEORGE, MELANIE
STREET ADDRESS	11497 COLUMBIA PK DR W, STE # 7
CITY-STATE-ZIP	JACKSONVILLE, FL 32258

TITLE	VP
NAME	PAPAGEORGE, JOHN
STREET ADDRESS	11497 COLUMBIA PK DR W, STE # 7
CITY-STATE-ZIP	JACKSONVILLE, FL 32258

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/22/07-80015-020 150.00

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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 607, 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:** MELANIE PAPAGEORGE Melanie Papageorge 4-29-07 904-564-2687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #