

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066948

FILED
Apr 30, 2009
Secretary of State

Entity Name: PLANTATION MEADOWS APARTMENTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

449 HAWKEYE VIEW LANE
SUITE 8, CORP BOX 10
ST. AUGUSTINE, FL 32095 US

FEI Number: 65-0437906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PAPAGEORGE, SPYROS
449 HAWKEYE VIEW LANE
SUITE 8, CORP BOX 10
ST. AUGUSTINE, FL 32095 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAPAGEORGE, SPYROS
Address: 11497 COLUMBIA PK DR W, STE # 7
City-St-Zip: JACKSONVILLE, FL 32258

Title: ST () Delete
Name: PAPAGEORGE, MELANIE
Address: 11497 COLUMBIA PK DR W, STE # 7
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP () Delete
Name: PAPAGEORGE, JOHN
Address: 11497 COLUMBIA PK DR W, STE # 7
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAPAGEORGE, SPYROS
Address: 449 HAWKEYE VIEW LANE, STE 8
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ST (X) Change () Addition
Name: PAPAGEORGE, MELANIE
Address: 449 HAWKEYE VIEW LANE, STE 8
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VP (X) Change () Addition
Name: PAPAGEORGE, JOHN
Address: 449 HAWKEYE VIEW LANE, STE 8
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE PAPAGEORGE

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date