

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041507

FILED  
Aug 14, 2007  
Secretary of State

Entity Name: PLAZA LA POINTE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1130 LEE BLVD  
STE A  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

1130 LEE BLVD  
STE A  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 65-0933838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTERS SR, DARREL  
804 LOUIS AV  
LEHIGH ACRES, FL 33972 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALTERS, DARREL  
Address: 804 LOUIS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP ( ) Delete  
Name: BURKE, HAL  
Address: PO BOX 1262  
City-St-Zip: FT MYERS, FL 33902

Title: ST ( ) Delete  
Name: WALTERS, KATHY  
Address: 804 LOUIS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHY WALTERS

ST

08/14/2007

Electronic Signature of Signing Officer or Director

Date