

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000041507

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** PLAZA LA POINTE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

804 LOUIS AV  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

3833 E RIVER DRIVE  
FORT MYERS, FL 33916

**Current Mailing Address:**

804 LOUIS AV  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

P O BOX 1262  
FORT MYERS, FL 33902

**FEI Number:** 65-0933838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BURKE, ERIC J  
3833 E RIVER DRIVE  
FORT MYERS, FL 33916 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: ERIC J BURKE

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: BURKE, HAL J  
Address: 3833 E RIVER DRIVE  
City-St-Zip: FORT MYERS, FL 33916

Title: VP  
Name: WALTERS, DARREL  
Address: 804 LOUIS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SECD  
Name: BURKE, ERIC J  
Address: 3833 E RIVER DRIVE  
City-St-Zip: FORT MYERS, FL 33916

I hereby 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 all other like empowered.

SIGNATURE: HAL J BURKE

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date