

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

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90062 035 ****61.25



DOCUMENT # 718223
1. Entity Name
PLAZA VIEW CONDOMINIUM APARTMENTS, INC., UNIT V

Principal Place of Business: **3100 HARBOR BLVD #107 PORT CHARLOTTE FL 33952**
Mailing Address: **3100 HARBOR BLVD #107 PORT CHARLOTTE FL 33952**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number **59-1440907** Applied For No: Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BUSHMAN, MARELYN
3100 HARBOR BLVD.
APT 117
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent
Name: **MARELYN Bushman**
Street Address (P.O. Box Number is Not Acceptable): **3100 HARBOR Blvd
APT. 117**
City: **Port Charlotte** FL Zip Code: **33952**

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: *Marelyn Bushman Assoc Pres.* DATE: **2/15/2008**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: ACTON, JOHN STREET ADDRESS: 3100 HARBOR BLVD #202 CITY-ST-ZIP: PORT CHARLOTTE FL 33952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP	NAME: DUFF, LEE STREET ADDRESS: 3100 HARBOUR BLVD. 216 CITY-ST-ZIP: PORT CHARLOTTE FL 33952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: DORIA, MARTIN STREET ADDRESS: 3100 HARBOR BLVD. #302 CITY-ST-ZIP: PORT CHARLOTTE FL 33952	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: DORLA MARTIN STREET ADDRESS: 3100 HARBOR Blvd, #302 CITY-ST-ZIP: Port Charlotte, FL. 33952
TITLE: P	NAME: BUSHMAN, MARELYN STREET ADDRESS: 3100 HARBOR BLVD #117 CITY-ST-ZIP: PORT CHARLOTTE FL 33952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: ST	NAME: BIES, TERESA STREET ADDRESS: 3100 HARBOR BLVD #107 CITY-ST-ZIP: PORT CHARLOTTE FL 33952	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: TERESA Bies STREET ADDRESS: 3100 HARBOR Blvd. #107 CITY-ST-ZIP: Port Charlotte, FL. 33952
TITLE: D	NAME: RESCH, MATTHEW STREET ADDRESS: 3100 HARBOR BLVD #104 CITY-ST-ZIP: PORT CHARLOTTE FL 33952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Marelyn Bushman* DATE: **2/15/2008** **949-629-1691**