

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90981 033 ****61.25

DOCUMENT # 721769	
1. Entity Name CONDOMINIUM ASSOCIATION OF PLAZA TOWERS NORTH, INC.	

Principal Place of Business 1833 S. OCEAN DR. HALLANDALE, FL 33009	Mailing Address 1833 S. OCEAN DR. HALLANDALE, FL 33009
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

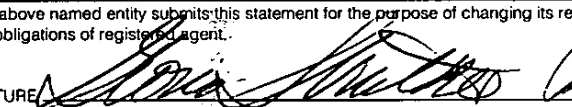


04262005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1369379	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PETERSILE, ISABORE 1833 SOUTH OCEAN DRIVE APT 309 HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name GLORIA STRUTHERS Street Address (P.O. Box Number is Not Acceptable) 1833 So Ocean Dr #802 City HALLANDALE BEACH FL Zip Code 33009	
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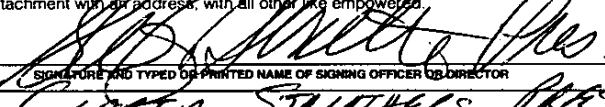
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Pres. **GLORIA STRUTHERS PRES.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee: \$61.25 Due by: May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D ☒ Delete NAME YOUNG, SYLVIA STREET ADDRESS 1833 SOUTH OCEAN DRIVE #1012 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	TITLE P ☐ Change ☒ Addition NAME GLORIA STRUTHERS STREET ADDRESS 1833 So Ocean Dr #802 CITY-ST-ZIP HALL. BEACH, FL 33009	TITLE 1VPD ☐ Delete NAME FALASCA, JOSEPH STREET ADDRESS 1833 S. OCEAN AVE. CITY-ST-ZIP HALLANDALE BEACH, FL 33009	TITLE 3RD VPD ☒ Change ☐ Addition NAME ARTHUR FORMAN STREET ADDRESS 1833 So Ocean Dr #PH1 CITY-ST-ZIP HALL BEACH, FL 33009
TITLE 2VP ☒ Delete NAME MARCHESE, NICK STREET ADDRESS 1833 SOUTH OCEAN DRIVE #508 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	TITLE 2VP ☐ Change ☒ Addition NAME LEON OKSENSTEIN STREET ADDRESS 1833 S. Ocean Dr #1203 CITY-ST-ZIP HALL BEACH, FL 33009	TITLE D ☒ Delete NAME MORALES, ELIZABETH STREET ADDRESS 1833 S. OCEAN DR., APT. 1503 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	TITLE D ☒ Change ☐ Addition NAME MATILDA GELLER STREET ADDRESS 1833 So Ocean Dr #702 CITY-ST-ZIP HALLANDALE BEACH, FL 33009
TITLE 3VP ☐ Delete NAME PORTNOY, MICHAEL STREET ADDRESS 1833 SO. OCEAN DR. APT. 604 CITY-ST-ZIP HALLANDALE BEACH, FL 33009		TITLE P ☒ Delete NAME PETERSILE, ISADORE STREET ADDRESS 1833 S. OCEAN DR. APT 309 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Pres. **GLORIA STRUTHERS PRES.**
Signature and typed or printed name of signing officer or director. Date **4/28/2005** Daytime Phone # **9544580928**