


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 724246 1. Entity Name PLAZA 15 CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1600 S.E. 15TH STREET FORT LAUDERDALE FL 33316	Mailing Address 1600 S.E. 15TH STREET FORT LAUDERDALE FL 33316
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1496890	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZIFRONY, MATTHEW ESQ. 110 S.E. 6TH STREET 15TH FLOOR, REPUBLIC TOWER FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete
NAME	GAHWILER, MARK
STREET ADDRESS	1600 S.E. 15TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	DVP <input type="checkbox"/> Delete
NAME	IASBARRONE, DANIEL
STREET ADDRESS	1600 S.E. 15TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	DS <input type="checkbox"/> Delete
NAME	FERRIS, SUSAN
STREET ADDRESS	1600 S.E. 15TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	PD <input type="checkbox"/> Delete
NAME	DALUISE, VINCENT
STREET ADDRESS	1600 S.E. 15TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	RICHARDS, CHARLES
STREET ADDRESS	P.O. BOX 3570006
CITY-ST-ZIP	FORT LAUDERDALE FL 33335-0006
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN0000230650
STREET ADDRESS	02/15/05-80053-001 70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employed.

SIGNATURE: *Daniel Asbarrone* **DVP** 954-523-4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #