

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90177 017 ****61.25

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DOCUMENT # 738572

1. Entity Name

PLAZA COUNTRY BOULEVARD CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

ERA HERITAGE REALTY INC
 4226 DEL PRAO BLVD.
 CAPE CORAL FL 33904
 US

ERA HERITAGE REALTY INC
 4226 DEL PRAO BLVD.
 CAPE CORAL FL 33904
 US

LUU4b4J9



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2116659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERA HERITAGE REALTY INC.
 4226 DEL PRADO BLVD.
 CAPE CORAL FL 33904

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME SHERRON, JAMES A
 STREET ADDRESS 4608 S.E. 4TH PL.
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME BEAVER, HOPE
 STREET ADDRESS 4608 SE 4TH PLACE
 CITY-ST-ZIP CAPE CORAL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME WALL, ROBERT
 STREET ADDRESS 4608 S.E. 4TH PL.
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VD Change Addition
 NAME Gorgoglione, Charles F.
 STREET ADDRESS 4608 SE 4th Place
 CITY-ST-ZIP Cape Coral FL 33904

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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: *Samiric Steward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/01**

Daytime Phone # **941-542-8712**

CR2E037 (10/00)