


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05 MAY -9 AM 10:52

DOCUMENT # 738572 1. Entity Name PLAZA COUNTRY BOULEVARD CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business ERA HERITAGE REALTY INC 4226 DEL PRAO BLVD. CAPE CORAL, FL 33904 US	Mailing Address ERA HERITAGE REALTY INC 4226 DEL PRAO BLVD. CAPE CORAL, FL 33904 US
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2. Principal Place of Business American Condo Management, Inc. Suite, Apt. #, etc. 909 SE 47th TERR. # 105 City & State CAPE CORAL, FL. Zip 33904 Country USA	3. Mailing Address American Condo Management, Inc. Suite, Apt. #, etc. P.O. Box 100399 City & State CAPE CORAL, FL. Zip 33910 Country USA
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4. FEI Number 59-2116659	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 ERA HERITAGE REALTY INC. 4226 DEL PRADO BLVD. CAPE CORAL, FL 33904	
7. Name and Address of New Registered Agent Name: SUSAN KASE Street Address (P.O. Box Number is Not Acceptable): 909 SE 47th TERR. Suite # 105 City: CAPE CORAL FL Zip Code: 33904	

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: *Susan Kase* DATE: 4/23/05

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

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERRON, JAMES A 4608 S.E. 4TH PL. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054745864 05/18/05--01058--007 **175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEAVER, HOPE 4608 SE 4TH PLACE CAPE CORAL, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054745864 05/18/05--01058--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORGOGLIONE, CHARLES F 4608 SE 4TH PLACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Robert Wall 3658 Nuble Rd Cincinnati, OH 45247
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. **A. HOPE BEAVER**

SIGNATURE: *A. Hope Beaver* DATE: 04-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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