

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90155 030 \*\*\*\*61.25



**DOCUMENT # 738572**  
 1. Entity Name  
**PLAZA COUNTRY BOULEVARD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**AMERICAN CONDO MANAGEMENT, INC.  
 909 SE 47TH TERRACE, #105  
 CAPE CORAL, FL 33904 US**

Mailing Address  
**AMERICAN CONDO MANAGEMENT, INC.  
 POST OFFICE BOX 100399  
 CAPE CORAL, FL 33910**

2. Principal Place of Business

Suite, Apt. #, etc.  
**615 Cape Coral Pkwy W #103**

City & State  
**Cape Coral, FL**

Zip  
**33914**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number  
**59-2116659**

Applied For  
 Not Applicable

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

02152006 Chg-NP CR2E037 (11/05)



**6. Name and Address of Current Registered Agent**

**KASE, SUSAN  
 909 SE 47TH TERRACE  
 SUITE 105  
 CAPE CORAL, FL 33904**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**615 Cape Coral Pkwy W #103**

City  
**FL 33914**

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERRON, JAMES A 4608 S.E. 4TH PL. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEAVER, HOPE 4608 SE 4TH PLACE CAPE CORAL, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALL, ROBERT 3658 HUBLE ROAD CINICINNATI, OH 45247	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD RUONA 4608 SE 4TH PL #5 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Chapter 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 trustee 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, without other like empowerment.

**SIGNATURE:** *Robert Wall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/06** Daytime Phone #: **542-4404**

*Robert Wall*