


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 041 ****61.25

DOCUMENT # 751177					
1. Entity Name THE PLAZA OWNERS ASSOCIATION, INC.					
Principal Place of Business 221-223 COLUMBIA DRIVE CAPE CANAVERAL, FL 32920			Mailing Address P.O. BOX 1042 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2231169	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAVEY, JERRY 1621 WOODMER DRIVE JACKSONVILLE, FL 32210			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCQUER, PENNY		NAME		
STREET ADDRESS	221 COLUMBIA DR., #342		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, JOHN		NAME		
STREET ADDRESS	221 COLUMBIA DR., #239		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLANTINE, ANN		NAME		
STREET ADDRESS	221 COLUMBIA DR., #144		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANG, RUSSEL		NAME		
STREET ADDRESS	233 COLUMBIA DRIVE #303		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNE, CLARISSA		NAME	Ken Lipowitz	
STREET ADDRESS	221 COLUMBIA DRIVE #133		STREET ADDRESS	221 Columbia Dr #115	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPLEBY, SUE		NAME	Kanapicki, Frank	
STREET ADDRESS	221 COLUMBIA DR., #109		STREET ADDRESS	221 Columbia Dr. #225	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	Cape Canaveral, FL 32920	
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 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: <i>Ann Ballantine</i>			Date: <i>1/30/08</i> Daytime Phone #: <i>321-783-1007</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					