

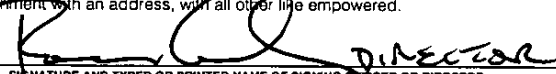


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90106 034 ****61.25

DOCUMENT # N04000009255					
1. Entity Name PLAZA DEL SOL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2069 FIRST ST STE 301 FT MYERS, FL 33901		Mailing Address 2069 FIRST ST STE 301 FT MYERS, FL 33901		<p style="text-align: right; font-size: 24pt;">50025817</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252005 Chg-NP CR2E037 (10/03)	
4. FEI Number 20-2265670		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COSTELLO, JAMES M 2069 FIRST ST STE 301 FT MYERS, FL 33901			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORTZEL, ALAN	NAME			
STREET ADDRESS	2133 PERIWINKLE WAY	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDL, ANGUST	NAME			
STREET ADDRESS	500 SEA OATS DR	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIORDANI, ROSEANNE	NAME			
STREET ADDRESS	2340 PERIWINKLE WAY UNIT M-1	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 the empowered.					
SIGNATURE: 		Date: 3/4/5		Daytime Phone #: 239 334 8333	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					