

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04448

FILED
Jan 06, 2009
Secretary of State

Entity Name: PLAZA VILLAS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2454545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET STE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET STE 225
CLEARWATER, FL 33765 US

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: LENNARD A. LEIGHTON 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SEROOR, JEANETTE
Address: 476 SANTA CRUZ PLACE NE #8
City-St-Zip: ST PETERSBURG, FL 33703

Title: PD () Delete
Name: PAUL, CHRISTINE
Address: 492 SANTA CRUZ PLACE NE #E
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: INGRAM, MARY
Address: 492 SANTA CRUZ PLACE NE SUITE G
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: BOLIN, KAREN
Address: 500 SANTA CRUZ PLACE N.E. #C
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: INGRAM, MARY
Address: 492 SANTA CRUZ PLACE NE SUITE D
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D (X) Change () Addition
Name: HENDREN, ELIZABETH
Address: 476 SANTA CRUZ PLACE N.E. #H
City-St-Zip: SAINT PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE PAUL PD 01/06/2009
Electronic Signature of Signing Officer or Director Date