2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N05000012479

Entity Name: THE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16554 CROSSINGS BLVD. #4
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

16554 CROSSINGS BLVD. #4
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 20-4505145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAGAN, ISADORE
CAGAN MANAGEMENT GROUP, INC.
16554 CROSSINGS BLVD. #4
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LOWERY, MONIQUE	
Address:	1908 LAKE ATRIUMS CIR #14	
City-St-Zip:	ORLANDO, FL 32839	
Title:	SD	( ) Delete
Name:	DAMBERVILLE, VALERY	
Address:	1940 LAKE ATRIUMS CIR #112	
City-St-Zip:	ORLANDO, FL 32839	
Title:	VPD	( ) Delete
Name:	MAYS, JEFFREY	
Address:	1908 LAKE ATRIUMS CIR #21	
City-St-Zip:	ORLANDO, FL 32839	
Title:	TD	( ) Delete
Name:	GAMARRA, AMERICA	
Address:	14754 KRISTENRIGHT LN	
City-St-Zip:	ORLANDO, FL 32826	
Title:	D	( ) Delete
Name:	SAUCEMAN, WANDA	
Address:	1972 LAKE ATRIUMS CIR #192	
City-St-Zip:	ORLANDO, FL 32839	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	RAMOS, ALEXIS	
Address:	1932 LAKE ATRIUMS CIRCLE #77	
City-St-Zip:	ORLANDO, FL 32826	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: MONIQUE LOWERY PD 02/19/2009

Electronic Signature of Signing Officer or Director — Date