N05000012479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
FILED
09 NOV 23 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2009

WANDA SAUCEMAN
16554 CAGAN CROSSINGS BLVD #4
CLERMONT, FL 34714

SUBJECT: THE PLAZA CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000012479

We have received your document for THE PLAZA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 309A00033607

2009 NOV 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: The Plaza Condominium Association, Inc.

2. The principal office address: 16554 Cagan Crossings Blvd #4
Clermont, FL 34714

3. The mailing address (if different):

4. Date of incorporation/qualification: 9/2006 Document number: N05000012479

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Isadore Cagan
Cagan Management Group, Inc.
16554 Cagan Crossings Blvd #4
Clermont, FL 34714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Don Asher and Associates Inc
1801 Cook Ave
P.O. Box NOT acceptable
Orlando, Fl 32806

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Wanda Sauceman
Signature of an officer or director

WANDA SAUCEMAN PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[redacted]
Signature of Registered Agent

11/18/09
Date

If signing on behalf of an entity:

Steven D Asher
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)