

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90033 001 ****61.25

0019432

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 751177

1. Corporation Name

THE PLAZA OWNERS ASSOCIATION, INC.

Principal Place of Business
221-223 COLUMBIA DRIVE
CAPE CANAVERAL FL 32920

Mailing Address
221-223 COLUMBIA DRIVE
CAPE CANAVERAL FL 32920



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2231169
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CAMPBELL, YVONNE
221-223 COLUMBIA DRIVE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, YVONNE	1.2 NAME	
STREET ADDRESS	221 COLUMBIA DR., #136	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBINE, JAMES A	2.2 NAME	
STREET ADDRESS	221 COLUMBIA DRIVE, #343	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, SALLY	3.2 NAME	
STREET ADDRESS	221 COLUMBIA DRIVE, #140	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM F. GLECKNER	4.2 NAME	OLIVE J. PAINTER
STREET ADDRESS	19-G CAPE SHORES	4.3 STREET ADDRESS	223 Columbia Dr. #132
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, OTTO	5.2 NAME	OTTO WATSON
STREET ADDRESS	223 COLUMBIA DR, SUITE 301	5.3 STREET ADDRESS	223 Columbia Dr. #301
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	5.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CROSS, GEORGE C	6.2 NAME	
STREET ADDRESS	223 COLUMBIA DR, SUITE 123	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Otto Watson 1-21-99 (407) 784-8180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)