

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90270 008 ****61.25

DOCUMENT # N98000005430

1. Entity Name
PLAZA DE FLORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4202 CENTRAL SARASOTA PARKWAY
SARASOTA, FL 34238**

Mailing Address
**4202 CENTRAL SARASOTA PARKWAY
SARASOTA, FL 34238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0837194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOBECK, DANIEL J ESQ.
THE LAW OFFICES OF LOBECK, HANSON & WELLS
2033 MAIN STREET, SUITE 403
SARASOTA, FL 34237**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$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** ☒ Delete
NAME **DICKINSON, JOANNE J**
STREET ADDRESS **17 SOUTHAVEN PLACE**
CITY-ST-ZIP **OAKVILLE, ON L6L 6L2**

TITLE **D** ☐ Change ☒ Addition
NAME **COLBY, RONALD E. SR**
STREET ADDRESS **135 MEYILL RD**
CITY-ST-ZIP **HUNTINGTON STATION, NY 11748**

TITLE **D/P** ☐ Delete
NAME **MISNER, JEROLD**
STREET ADDRESS **4244 CENTRAL SARASOTA PARKWAY #711**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/T** ☐ Delete
NAME **HANNAH, MICHAEL**
STREET ADDRESS **20 THE KINGSWAY**
CITY-ST-ZIP **ETOBICOKE, ON M8X 2T1**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/S** ☐ Delete
NAME **RATZER, GERALD**
STREET ADDRESS **489 ARGYLE AVENUE**
CITY-ST-ZIP **WESTMOUNT, QU H3Y 3B3**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GLABB, BRIAN**
STREET ADDRESS **30 ROSENFELD COURT**
CITY-ST-ZIP **KANATA, ON K2K 2L2**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Ronald E. Colby Sr. **RONALD E. COLBY SR 3-105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #