

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726241

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC0015993574**

**Entity Name:** 2625 PLAZA MANAGEMENT CORPORATION, INC.

**Current Principal Place of Business:**

2625 S. ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32118-5615

**Current Mailing Address:**

2625 S. ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32118-5615 US

**FEI Number:** 59-1537362

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHEARER, THOMAS  
2625 S. ATLANTIC AVE  
#3 NW  
DAYTONA BEACH, FL 32118 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name BRANAM, DARWIN  
Address 2625 S. ATLANTIC AVE #24 SE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR  
Name MITTLEBERG, VICTOR  
Address 2625 S ATLANTIC AVE # 12A NE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title 1VP  
Name PARRIS, RON  
Address 2625 S. ATLANTIC AVE. #11SE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title P  
Name PECK, EDWIN WS.R.  
Address 2625 S ATLANTIC AVE #18N/SE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR  
Name POPPEL, RICHARD  
Address 2625 S. ATLANTIC AVE. #11NW  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR  
Name DONNELLY, PETER  
Address 2625 S. ATLANTIC AVE. #14 NW  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title TREASURER  
Name DESJARDINS, ROBERT  
Address 2625 S. ATLANTIC AVE. #7NE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT DESJARDINS**

**MANAGER**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date