## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04448

Entity Name: PLAZA VILLAS I CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 09, 2023 **Secretary of State** 6407905216CC

## **Current Principal Place of Business:**

5901 SUN BLVD STE 103

ST. PETERSBURG, FL 33715

## **Current Mailing Address:**

5901 SUN BLVD STE 103

ST. PETERSBURG, FL 33715 US

FEI Number: 59-2454545 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ZACUR, GRAHAM & COSTIS 5200 CENTRAL AVENUE ST. PETERSBURG, FL 33733 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

Officer/Director Detail:

Title Title **SECRETARY** 

HENDREN, LIBBY Name Name PUNTILLO, SUSAN

Address 5901 SUN BLVD Address 5901 SUN BLVD SUITE. 103

STE 103 ST. PETERSBURG FL 33715 City-State-Zip: ST. PETERSBURG FL 33715 City-State-Zip:

Title **DIRECTOR** 

Title **DIRECTOR** Name KIMBROUGH, JAKE

RUVARAC, KATHLEEN Name 5901 SUN BLVD Address

5901 SUN BLVD Address STE 103

**STE 103** 

City-State-Zip: ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33715 City-State-Zip:

Title **DIRECTOR** 

OVERHOFF, ALEX Name 5901 SUN BLVD Address

**STE 103** 

ST. PETERSBURG FL 33715 City-State-Zip:

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.

03/09/2023 SIGNATURE: LIBBY HENDREN **PRESIDENT** 

Date