

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711933

FILED  
Mar 28, 2009  
Secretary of State

**Entity Name:** PLUNKETT CONDOMINIUM APARTMENTS, INC., A CONDOMINIUM

**Current Principal Place of Business:**

1855 PLUNKETT STREET  
207  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

1855 PLUNKETT STREET  
207  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

**FEI Number:** 59-6215593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STYLES, MICHAEL J PA  
507 SE 11TH CT  
FORT LAUDERDALE, FL 33316 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: THOMPSON, SUE  
Address: 1855 PLUNKETT ST #210  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: DPS ( ) Delete  
Name: VITALE, VALERIE  
Address: 1855 PLUNKETT ST #101  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: DVP ( ) Delete  
Name: WARD, FRANCES R  
Address: 1855 PLUNKETT ST #409  
City-St-Zip: HOLLYWOOD, FL 33020 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VALERIE VITALE

PRES

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date