

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90071 036 \*\*\*\*61.25

**DOCUMENT # 719283**

1. Entity Name  
PLAZA SOUTH ASSOCIATION, INC.



Principal Place of Business  
4280 GALT OCEAN DRIVE  
FT. LAUDERDALE, FL 33308-3147

Mailing Address  
4280 GALT OCEAN DRIVE  
FT. LAUDERDALE, FL 33308-3147

40024539



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1305195

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

METEVIER, THOMAS  
PLAZA SOUTH ASSOCIATION, INC  
4280 GALT OCEAN DRIVE  
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name ANDREW SURDOVEL

Street Address (P.O. Box Number is Not Acceptable)

4280 GALT OCEAN DR

City FORT LAUDERDALE

FL

Zip Code 33308

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/07

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE DP ☒ Delete  
NAME METEVIER, THOMAS  
STREET ADDRESS 4280 GALT OCEAN DR, 22N  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE DVP ☐ Delete  
NAME BRADY, ROBERT  
STREET ADDRESS 4280 GALT OCEAN DR, 7A  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE DVP ☒ Delete  
NAME SURDOVEL, ANDREW  
STREET ADDRESS 4280 GALT OCEAN DR, #3-H  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE DS ☒ Delete  
NAME DEFILIPPO, LISA  
STREET ADDRESS 4280 GALT OCEAN DR 24N  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE T ☐ Delete  
NAME FARINA, AULO  
STREET ADDRESS 4280 GALT OCEAN DR, #20-D  
CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition  
NAME ANDREW SURDOVEL  
STREET ADDRESS 4280 GALT OCEAN DR, 3H  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

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

TITLE S ☒ Change ☐ Addition  
NAME MAUREEN ZOLUBOS  
STREET ADDRESS 4280 GALT OCEAN DR, 22N  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

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

TITLE ☐ Change ☐ Addition  
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 exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW SURDOVEL

Date

Daytime Phone #

2/15/07

954-565-0777