2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719283

FILED May 22, 2009 Secretary of State

Entity Name: PLAZA SOUTH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4280 GALT OCEAN DRIVE FT. LAUDERDALE, FL 333083147 **Current Mailing Address: New Mailing Address:** 4280 GALT OCEAN DRIVE FT. LAUDERDALE, FL 333083147 FEI Number: 59-1305195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SURDOVEL, ANDREW 4280 GALT ÓCEAN DRIVE FT LAUDERDALE, FL 33308 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SURDOVEL, ANDREW Name: Name: 4280 GALT OCEAN DR., 3H Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRADY, ROBERT Name: Address: 4280 GALT OCEAN DR. 7A Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: () Delete Title: () Change () Addition ZOLUBOS, MAUREEN Name: Name: 4280 GALT OCEAN DR., 22N Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: () Delete Title: Title: () Change () Addition YANKELEVITZ, BARRY Name: Name: Address: 4280 GALT OCEAN DR, 9C Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: () Delete Title: () Change (X) Addition DEFILIPPO, LISA Name: Name: 4280 GALT OCEAN DR, 24N Address: Address: FORT LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition METEVIER, THOMAS Name: Name: Address: Address: 4280 GALT OCEAN DRIVE, PHM FORT LAUDERDALE, FL 33308 City-St-Zip: 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: ANDREW SURDOVEL DP 05/22/2009