

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 722691**

1. Entity Name  
**LA PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**105 SANS SOUCI  
999 FORT PICKENS ROAD  
PENSACOLA BEACH, FL 32561**

Mailing Address

**PO BOX 30038  
PENSACOLA, FL 32503**



03122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1577448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTSON, ROBERT  
C/O LA PLAZA CONDO ASSN, INC  
900 N SPRING STREET  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000866563

04/08/08-80034-010 61.25

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ELBRIDGE, LUTHER  
STREET ADDRESS 999 FORT PICKENS RD 106  
CITY-ST-ZIP PENSACOLA BEACH, FL 32561

TITLE S  
NAME LEDDY, WILLIAM  
STREET ADDRESS 410 DEER POINT DR.  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE DT  
NAME ROBERTSON, ROBERT  
STREET ADDRESS 900 N SPRING ST  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE DP  
NAME SWINSON, ERIC  
STREET ADDRESS PO BOX 1237  
CITY-ST-ZIP FAYETTEVILLE, GA 30214

TITLE D  
NAME GENTHNER, FRED  
STREET ADDRESS 4016 LONGWOOD CIR  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE D  
NAME HIGDON, RON  
STREET ADDRESS 9715 HOLLOW BROOK DR  
CITY-ST-ZIP PENSACOLA, FL 32514

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

3/18/08 892664587