2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722691

Entity Name: LA PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	SOUCI PICKENS ROA LA BEACH, FL						
Current Mailing Address:				New Mailing Address:			
PO BOX 30038 PENSACOLA, FL 32503				105 SANS SOUCI 999 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561			
FEI Number: 59-1577448 FEI N		FEI Number Applied For ()	FEI Num	Number Not Applicable()		Certificate of Status Desired ()	
Name and	Address of Co	urrent Registered Agent:		Name and	Address of N	ew Registered A	gent:
C/O LA PL/ 900 N SPR	ON, ROBERT AZA CONDO A ING STREET LA, FL 32501						
The above in the State		ubmits this statement for the pu	rpose of	f changing it	s registered of	fice or registered	agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ELBRIDGE, LUT 999 FORT PICK	ENS RD 106		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S () LEDDY, WILLIAM 410 DEER POIN GULF BREEZE,	T DR.		Title: Name: Address: City-St-Zip:	T (X) LEDDY, WILLIA 410 DEER POIN GULF BREEZE,	IT DR.	
Title: Name: Address: City-St-Zip:	DT () ROBERTSON, R 900 N SPRING S PENSACOLA, FL	ST		Title: Name: Address: City-St-Zip:	P (X) ROBERTSON, F 900 N SPRING S PENSACOLA, F	ST	
Title: Name: Address: City-St-Zip:	DP () I SWINSON, ERIC PO BOX 1237 FAYETTEVILLE,			Title: Name: Address: City-St-Zip:	D (X) SWINSON, ERIO PO BOX 1237 FAYETTEVILLE		
Title: Name: Address: City-St-Zip:	D () I GENTHNER, FRI 4016 LONGWOO GULF BREEZE,	DD CIR		Title: Name: Address: City-St-Zip:	VP (X) GENTHNER, FR 4016 LONGWO GULF BREEZE,	OD CIR	
Title: Name: Address: City-St-Zip:	D () HIGDON, RON 9715 HOLLOW E PENSACOLA, FL			Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: BRENDA SINGLETARY MANA 02/02/2009