2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2006 8:00 am Secretary of State

DOCUMENT # 723967 1. Entity Name PARK PLAZA CONDOMINIUM ASSOCIATION, INC				03-07-2006 90006 048 ****61.25				
Principal Place of Business 1100 E INDIANTOWN ROAD BLDG 3 #300 JUPITER, FL 33477 US Mailing Address 1100 E INDIANTOWN ROAD BLDG 3 #300 JUPITER, FL 33477 US					BIRK BIRK BIRK PI	Militar inga		
Principal Place of Business 3. Mailing Address								
Suite. Apt. #, etc.		Suite, Apt. #, etc.		01172006 Ch	g-NP CR2E	(11/05)		
City & State		City & State		4. FEI Number 59-146060	 8	 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired 🔲	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Addi	ress of liew Registere	d Agent		
			Name	Name				
PAPAGEORGE, TERRI 185 E INDIANTOWN RD SUITE 127			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
JUPITER,								
33,1,2,4,7,2,33,7,1			City	FL Zip Code				
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or regis	stered agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature requ	uired when reinstating)	DAT			
	Filing Fee is \$61.25	9. Election Camp	aign Financing	\$5.00 May Be	Make che	ock payable t		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	aign Financing htribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	eck payable t artment of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Col	aign Financing Intribution.	\$5.00 May Be Added to Fees	Make che	ock payable to artment of S	tate	
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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! MANUAR WARRING OFFICER OR DIRECTOR MAN 2 2006
Daysine Phone 8