## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#724246**

FILED Apr 30, 2008 Secretary of State

Entity Name: PLAZA 15 CONDOMINIUM ASSOCIATION, INC.

Ourself Britainal Black of Business					New Principal Place of Business:					
Current Principal Place of Business:					New Princ	ipai Piace o	r busines:	S:		
1600 S.E. 1 OFFICE	5TH STREET									
	DERDALE, FL	33316	US							
Current Mailing Address:					New Mailing Address:					
1600 S.E. 1	5TH STREET									
OFFICE FORT LAUI	DERDALE, FL	33316	US							
FEI Number:	,		per Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificat	te of Status Desired ( )		
Name and	Address of Cเ	ırrent Re	gistered Agent:		Name and	Address of	New Regi	stered Agent:		
110 S.E. 6T 15TH FLOC FORT LAU	OR, REPUBLIC DERDALE, FL	TOWER 33301 L	JS							
The above in the State		ıbmits thi	s statement for the p	ourpose o	f changing it	ts registered	office or re	egistered agent, or both	Ι,	
SIGNATUR	E:									
	Electronic	Signatu	re of Registered Age	ent				Date	-	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	DP () E PALMER, VALER 1600 S.E. 15TH S FORT LAUDERD	STREET #4			Title: Name: Address: City-St-Zip:	(	) Change(	) Addition		
Title: Name: Address: City-St-Zip:	DVP () E FERRIS, SUSAN 1600 S.E. 15TH S FORT LAUDERD	STREET #3			Title: Name: Address: City-St-Zip:	(	) Change(	) Addition		
Title: Name: Address: City-St-Zip:	DS () E ANDERSON, BRI 1600 S.E. 15TH S FORT LAUDERD	STREET#9			Title: Name: Address: City-St-Zip:	DS (X O'TOOLE, BR 1600 S.E. 151 FORT LAUDE	TH STREET#	# <b>4</b> 15		
Title: Name: Address: City-St-Zip:	DT () E GAHWILER, MAF 1600 S.E. 15TH S FORT LAUDERD	STREET #5			Title: Name: Address: City-St-Zip:	(	) Change(	) Addition		
Title: Name: Address: City-St-Zip:	D () E IASBARRONE, D 1600 S.E. 15TH S FORT LAUDERD	STREET #5			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: MARK GAHWILER DT 04/30/2008