

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 728011**

1. Entity Name

**PARK PLAZA TOWNHOUSE CONDOMINIUM ASSOCIATION, IN****FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90105 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**2831 PIERCE STREET #101  
HOLLYWOOD FL 33020****2831 PIERCE STREET #101  
HOLLYWOOD FL 33020-3857****00004099**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGGS, LOUISE  
2831 PIERCE ST. #101  
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HOPE, JACK	2831 PIERCE ST, #104	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	BARIBEAU, ROGER	2831 PIERCE ST #302	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	LUCAS, ELIZABETH	2831 PIERCE ST #103	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	BIONDI, VINCENT	2831 PIERCE ST, 201	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

CR2E037 (9/99)