

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 740712**

1. Entity Name  
PLAZA 47 WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
607 S E 47TH STREET  
UNIT 4  
CAPE CORAL, FL 33904 US

Mailing Address  
607 S E 47TH STREET  
UNIT 4  
CAPE CORAL, FL 33904 US



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1811493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

ADKINS, JUNE  
607 SE 47 ST, UNIT 7  
CAPE CORAL, FL 33904

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ADKINS, JUNE
STREET ADDRESS	607 SE 47 ST, UNIT 7
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	COVINGTON, CAROLYN
STREET ADDRESS	607 SE 47TH ST, UNIT 4
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	S
NAME	SAYLOR, JUNE
STREET ADDRESS	607 SE 147TH ST., #2
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000186086  
01/21/05-80043-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

JUNE ADKINS

Date

Daytime Phone #