2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 740712

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

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

07192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1811493
☐ Applied For
☐ Not Applicable

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

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 September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000770638
07/26/07-80006-010 61.25

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	FRIEBEL, ANDREW
STREET ADDRESS	607 SE 47TH ST SUITE 8
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Carolyn M. Covington CAROLYN M. COVINGTON 7/26/07 239-540-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #