

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740712

FILED
Jul 02, 2009
Secretary of State

Entity Name: PLAZA 47 WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1811493 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADKINS, JUNE
Address: 607 SE 47 ST, UNIT 7
City-St-Zip: CAPE CORAL, FL

Title: D () Delete
Name: COVINGTON, CAROLYN
Address: 607 SE 47TH ST, UNIT 4
City-St-Zip: CAPE CORAL, FL

Title: S () Delete
Name: FRIEBEL, ANDREW
Address: 607 SE 47TH ST SUITE 8
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADKINS, JUNE
Address: 607 SE 47 ST, UNIT 7
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Change () Addition
Name: COVINGTON, CAROLYN
Address: 607 SE 47TH ST, UNIT 4
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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: CAROLYN COVINGTON

TREA

07/02/2009

Electronic Signature of Signing Officer or Director

Date