

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740712

FILED  
Apr 14, 2011  
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

**Current Mailing Address:**

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

**New Principal Place of Business:**

607 S E 47TH STREET  
UNIT 7  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

607 S E 47TH STREET  
UNIT 7  
CAPE CORAL, FL 33904 US

**FEI Number:** 59-1811493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MACFARLANE, DAWN  
607 SE 47 ST, UNIT 8  
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: DAWN MACFARLANE

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MACFARLANE, DAWN  
Address: E9084 STATE ROAD 23  
City-St-Zip: REEDSBURG, WI 53959

Title: D  
Name: ADKINS, JUNE  
Address: 607 SE 47TH ST, UNIT 7  
City-St-Zip: CAPE CORAL, FL 33904

Title: S  
Name: BIBB, KATRINA  
Address: 607 SE 47TH ST SUITE 3  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: DAWN MACFARLANE

PD

04/14/2011

Electronic Signature of Signing Officer or Director

Date