

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90043 039 \*\*\*\*61.25

**DOCUMENT # 740901**

1. Entity Name  
**PARK PLAZA CONDOMINIUM OWNERS ASSOCIATION,  
PHASE II, INCORPORATED**



Principal Place of Business  
**5060 76TH AVENUE NORTH  
APARTMENT 107  
PINELLAS PARK, FL 33781 US**

Mailing Address  
**5060 76TH AVENUE NORTH  
APARTMENT 107  
PINELLAS PARK, FL 33781 US**

40000736



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1744279**

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

**WEIR, ALBERTA  
5060 76TH AVENUE NORTH  
#410  
PINELLAS PARK, FL 33781**

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. 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 \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BECKETT, THOMAS  
STREET ADDRESS 5060 76TH AVE, NORTH #312  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME BEHNER, DWIGHT  
STREET ADDRESS 5060 76TH AVE. NORTH, #505  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WEIR, ALBERTA  
STREET ADDRESS 5060 76 AVE N #410  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GOODWIN, JAMES  
STREET ADDRESS 5060 76TH AVENUE NORTH, #506  
CITY-ST-ZIP PINELLAS PK, FL 33781

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME RYDER, OLA MAY  
STREET ADDRESS 5060 76 AVE N #400  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☐ Change ☒ Addition  
NAME **SD RADER, JACK**  
STREET ADDRESS **5060 76 AVE N #404**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**THOMAS BECKETT, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 5, 2007**  
Date

**727-546-1923**  
Daytime Phone #