


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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052007 Chg-NP CR2E037 (12/06)

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-1744279

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WEIR, ALBERTA
 5060 76TH AVENUE NORTH
 #410
 PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State: **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BECKETT, THOMAS 5060 76TH AVE, NORTH #312 PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEHNER, DWIGHT 5060 76TH AVE. NORTH, #505 PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIR, ALBERTA 5060 76 AVE N #410 PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, JAMES 5060 76TH AVENUE NORTH, #506 PINELLAS PK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYDER, OLA MAY 5060 76 AVE N #400 PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		SD RADER, JACK 5060 76 AVE N #404 PINELLAS PARK, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 *January 5, 2007* 727-546-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #