

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90196 041 ****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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-1744279

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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 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 \$61.25
Due by May 1, 2008

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		
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	DV BEHNER, DWIGHT 5060 76TH AVE. NORTH, #505 PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete
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	D GOODWIN, JAMES 5060 76TH AVENUE NORTH, #506 PINELLAS PK, FL 33781	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RADER, JACK 5060 76 AVE N #404 PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, CHRISTINE 5060 76TH AVE N, #200 PINELLAS PARK, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACIU, MARIN 5060 76TH AVE N, #403 PINELLAS PARK, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 8 JANUARY 2008 127-546-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #