FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -2 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742054

1. Corporation Name
THE PLAZAS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
433 Plaza Real, #335 Boca Raton, FL 33486 US	433 Plaza Real, #335 Boca Raton, FL 33486 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03-06-1978
3a. Date of Last Report: 05-01-94
4. FEI Number: 59-1892913 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5200 Town Center Crcl.	26 5200 Town Center Crcl.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite [redacted]205
City & State: 23 Boca Raton, FL	City & State: 28 Boca Raton, FL
Zip: 24 33486 Country: 25 USA	Zip: 29 33486 Country: 30 USA

9. Name and Address of Current Registered Agent
Gragg, K. Lawrence
200 S. Biscayne Blvd.
Suite 4750
Miami, FL 33131
US

10. Name and Address of New Registered Agent
81 Name: Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): One Biscayne Twr. - #3400
83 2 S. Biscayne Blvd.
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X _____ Vice President 3/3/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	Crocker, Thomas J.
STREET ADDRESS	433 Plaza Real, #335
CITY ST ZIP	Boca Raton, FL
TITLE	T/D
NAME	Onisko, Robert E.
STREET ADDRESS	433 Plaza Real, #335
CITY ST ZIP	Boca Raton, FL
TITLE	S
NAME	Sklar, Jo Ann E.
STREET ADDRESS	433 Plaza Real, #335
CITY ST ZIP	Boca Raton, FL
TITLE	D
NAME	Isaacson, William K.
STREET ADDRESS	5295 Town Ctr. Rd.
CITY ST ZIP	Boca Raton, FL
TITLE	D
NAME	Marino, Gary
STREET ADDRESS	2300 W. Glades Rd.
CITY ST ZIP	Boca Raton, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	Geisen, John B.	
13 STREET ADDRESS	5355 Town Center Rd, #701	
14 CITY ST ZIP	Boca Raton, FL 33486	
21 TITLE	S/T/D	☒ Change ☐ Addition
22 NAME	Bell, Kathleen T.	
23 STREET ADDRESS	5200 Town Ctr. Circle, #[redacted]205	
24 CITY ST ZIP	Boca Raton, FL 33486	
31 TITLE	VP/D	☒ Change ☐ Addition
32 NAME	Bengel, David	
33 STREET ADDRESS	5200 Town Ctr. Circle, #[redacted]205	
34 CITY ST ZIP	Boca Raton, FL 33486	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME	100001473501	
53 STREET ADDRESS	-05/03/95--01108--006	
54 CITY ST ZIP	****130.00 ****130.00	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /Kathleen T. Bell/ 04-24-95 407 361 9804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kathleen T. Bell