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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **742054** **(0)**

1. Corporation Name

THE PLAZAS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIRCLE 203 BOCA RATON FL 33486 US	5200 TOWN CENTER CRCL. 203 BOCA RATON FL 33486 US

3. Date Incorporated or Qualified: 03/06/1978
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21: 5100 Town Center Circle
Suite, Apt. #, etc.
22: 430
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 5100 Town Center Circle
Suite, Apt. #, etc.
27: 430
City & State
28:
Zip 29: Country 30:

4. FEI Number: 59-1892913 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORP. SERVICES. INC.
ONE BISCAYNE TOWER-3400
2 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GEISEN, JOHN B.		1.2 NAME		
STREET ADDRESS	5355 TOWN CENTER RD. #701		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BELL, KATHLEEN T.		2.2 NAME		
STREET ADDRESS	5200 TOWN CTR. CIRCLE, #203		2.3 STREET ADDRESS	5100 Town Ctr. Circle #430	
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BENGEL, K. DAVID		3.2 NAME		
STREET ADDRESS	5200 TOWN CTR. CIRCLE, #203		3.3 STREET ADDRESS	5100 Town Ctr. Circle #430	
CITY-ST-ZIP	BOCA RATON FL 33486		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAWLOR, TOM		4.2 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARROLL, KEVIN M		5.2 NAME		
STREET ADDRESS	5295 TOWN CENTER ROAD, #200		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 this 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 REQUIRED Kathleen T Bell S/T/D 01-23-97 5613619804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079066