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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
5100 TOWN CENTER CIRCLE 430 BOCA RATON FL 33486 US	5200 TOWN CENTER CRCL. 5100 TOWN CENTER CIRCLE #430 BOCA RATON FL 33486 US

3. Date Incorporated or Qualified: 03/06/1978

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5200 Town Center Circle	26 5200 Town Center Circle
Suite, Apt. #, etc. 22 # 306	Suite, Apt. #, etc. 27 # 306
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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	5100 TOWN CENTER CIRCLE #430		2.3 STREET ADDRESS	5200 Town Center Circle #306	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BENGEL, K. DAVID		3.2 NAME	Richard L. Cadmus	
STREET ADDRESS	5100 TOWN CENTER CIRCLE #430		3.3 STREET ADDRESS	5200 Town Center Circle #306	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Boca Raton, FL 33486	
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 (10/97)

14. I 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: _____ TBD 04.28.98 561/368/9804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045795