2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90299 031 ****70.00

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DOCUMENT # 742054

1. Entity Name
THE PLAZAS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIR 610 BOCA RATON, FL 33486 US	5200 TOWN CENTER CIR 610 BOCA RATON, FL 33486 US

04212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5100 TOWN CENTER CIRCLE	5100 TOWN CENTER CIRCLE
Suite, Apt. #, etc. #560	Suite, Apt. #, etc. #560
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip / Country 33486 / US	Zip / Country 33486 / US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES INC ONE BISCAYNE TOWER-3400 1 SOUTHEAST 3RD AVE 28TH FLOOR MIAMI, FL 33131	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 ERICKSON, R. MICHAEL 5355 TOWN CENTER RD. #701 BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BELL, KATHLEEN T. ~~5200 TOWN CENTER CIR 203~~ BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5100 TOWN CENTER CIRCLE #560	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FLANAGAN, JOSEPH P ~~5200 TOWN CENTER CIR 203~~ BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5100 TOWN CENTER CIRCLE #560	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROMANN, GLENN E 5295 TOWN CENTER ROAD, #200 BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLIKEN, LORRAINE ~~5200 TOWN CENTER CIRCLE 203~~ BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5100 TOWN CENTER CIRCLE #560	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: [signature] KATHLEEN T BELL S/T/D 05.03.05 561.361.9804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #