2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 742054

1. Entity Name
THE PLAZAS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5100 TOWN CENTER CIRCLE 560 BOCA RATON, FL 33486 US	5100 TOWN CENTER CIRCLE 560 BOCA RATON, FL 33486 US

01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ERICKSON, R. MICHAEL
STREET ADDRESS	5355 TOWN CENTER RD. #701
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	STD
NAME	BELL, KATHLEEN T.
STREET ADDRESS	5100 TOWN CENTER CIRCLE # 560
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VPD
NAME	FLANAGAN, JOSEPH P
STREET ADDRESS	5100 TOWN CENTER CIRCLE # 560
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	GROMANN, GLENN E
STREET ADDRESS	5295 TOWN CENTER ROAD, #200
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	MILLIKEN, LORRAINE
STREET ADDRESS	5100 TOWN CENTER CIRCLE # 560
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000828285
02/25/08-80006-005 70.00

DO NOT WRITE IN THIS SPACE

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: [signature] KATHLEEN T BELL SECY/TREAS 02-12-08 561-364-9804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #