

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742054

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** THE PLAZAS MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

5355 TOWN CENTER ROAD  
202  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

5355 TOWN CENTER ROAD  
202  
BOCA RATON, FL 33486 US

**New Mailing Address:**

**FEI Number:** 59-1892913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ERICKSON, MICHAEL R  
Address: 5355 TOWN CENTER RD. #701  
City-St-Zip: BOCA RATON, FL 33486

Title: VPD  
Name: SANDBERG, SCOTT  
Address: 101 E. KENNEDY BLVD, SUITE 2330  
City-St-Zip: TAMPA, FL 33602

Title: STD  
Name: ORTIZ, ELSIE AREM  
Address: 5355 TOWN CENTER ROAD, SUITE 202  
City-St-Zip: BOCA RATON, FL 33486

Title: D  
Name: GROMANN, GLENN E  
Address: 5295 TOWN CENTER ROAD, #200  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELSIE ORTIZ

STD

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date