


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90403 006 ****61.25

DOCUMENT # 746986		
1. Entity Name PLAZA GARDENS CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 37005 OSPREY AVE SARASOTA, FL 34239 US	Mailing Address P.O. BOX 110156 NAPLES, FL 34108 US
--	---

40000133



DO NOT WRITE IN THIS SPACE

04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2001290	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WHITE, WILLIAM D 2310 DELLA DR NAPLES, FL 34117
--

**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 _____
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, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALTERS, RANDAL 3700 S. OSPREY AVE #210 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOPKINS, SANDRA 3700 S OSPREY AVE., #202 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LEINER, JIM 3700 S. OSPREY AVE # 118 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEVENSON, LENONA 4 D RITHERFORD HAYES DR MONROE, NJ 08831
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CONNOLLY, PETER P.O. BOX 1371 CENTER HARBOR, NH 032261371
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SMA WHITE, WILLIAM D 2310 DELLA DR NAPLES, FL 34117

**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: William D. White 4/24/08 239-352-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #