

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90039 034 ****61.25

DOCUMENT # 750773

1. Entity Name
512 PLAZA, INC.



Principal Place of Business

645 RT. 512
 #1
 SEBASTIAN, FL 32958 US

Mailing Address

1327 N CENTRAL AVE
 SEBASTIAN, FL 32958 US

94032017



02112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2966771** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VANDEVOORDE, RENE' G
 1327 N CENTRAL AVE
 SEBASTIAN, FL 32958

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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: SLATER, ROY F
 STREET ADDRESS: 645 FELLSMERE ROAD #6
 CITY-ST-ZIP: SEBASTIAN, FL 32958

TITLE: PSTD
 NAME: VANDEVORDE, RENE
 STREET ADDRESS: 1327 N. CENTRAL AVE.
 CITY-ST-ZIP: SEBASTIAN, FL

TITLE: D
 NAME: BERLINGIERI, BOB
 STREET ADDRESS: 556 21ST AVE.
 CITY-ST-ZIP: VERO BCH., FL

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

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:

René G VanDevorde

3/16/04

772-589-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #