

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90077 036 \*\*\*\*61.25

**DOCUMENT # 751265**

1. Entity Name  
**SUZANNE PLAZA OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**7910 TAFT STREET  
APT 210  
PEMBROKE PINES FL 33024**

Mailing Address  
**7910 TAFT STREET  
APT 210  
PEMBROKE PINES FL 33024**

2. Principal Place of Business  
**SUZANNE PLAZA CONDO**

3. Mailing Address  
**7910 TAFT STREET**

Suite, Apt. #, etc.  
**210**

City & State  
**PEMBROKE PINES, FL.**

City & State  
**PEMBROKE PINES, FL.**

City & State  
**PEMBROKE PINES, FL.**

City & State  
**PEMBROKE PINES, FL.**

Zip  
**33024**

Country  
**USA**

Country  
**BROWARD**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2326045**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KAPLAN, SYLVIA  
7910 TAFT ST. #210  
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

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 *Sylvia Kaplan Pres.* **Feb 03, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, SYLVIA</b>	
STREET ADDRESS	<b>7910 TAFT ST #210</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULLEN, JOSEPH</b>	
STREET ADDRESS	<b>7910 TAFT ST #210</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DABNEY, JUDY</b>	
STREET ADDRESS	<b>7910 TAFT ST #210</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)