

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759177

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: PLAZA WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% RON SABETTA  
4010 NEWBERRY ROAD, SUITE F  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

% RON SABETTA  
4010 NEWBERRY ROAD, SUITE F  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 59-2136371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUFF, ERIC S  
4010 NEWBERRY ROAD  
SUITE G  
GAINESVILLE, FL 32605 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 ( ) Delete  
Name: SCHROEDER, NICHOLAS T  
Address: 4010 NEWBERRY ROAD, STE. D  
City-St-Zip: GAINESVILLE, FL 32607

Title: ST ( ) Delete  
Name: SABETTA, RON  
Address: 4010 NEWBERRY ROAD, STE. F  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: TRIPPENSEE, RUSSELL  
Address: 4010 NEWBERRY ROAD, STE. E  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: RUFF, ERIC S  
Address: 4010 NEWBERRY ROAD, STE. G  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RON SABETTA

ST

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date