

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759177

FILED
Jan 19, 2006
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 (X)

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 Chapter 119, 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

01/19/2006

Electronic Signature of Signing Officer or Director

Date