2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 11, 2007 8:00 am Secretary of State 09-11-2007 90005 021 ****61.25

CUMENT #7591	77	
)C:HMENT#7591	//	

1. Entity Name

PLAZA WEST CONDOMINIUM ASSOCIATION, INC.



				TELE .			
Principal Place of Business % ROW SABERTA DOUGLAS DEAN 4010 NEWBERRY ROAD, SUITE B GAINESVILLE, FL 32607		Mailing Address % ROM SABEFFA 4010 NEWBERRY ROAD, GAINESVILLE, FL 32607	, SUITE 😝		0132030		V IIIBI BI IZBI
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09052007	Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Numbi 59-213		├	pplied For ot Applicable
Zip Country		Zip	Zip Country		of Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New	Registered Agent	
RUFF, ER	IC S		Name				
	BERRY ROAD		Street Ac	ddress (P.O. Box Numb	er is Not Acceptab	le)	
	ILLE, FL 32605						
	e Îta Per		City			FL Zip Cod	de
	named entity submits this statement for	the purpose of changing its r	egistered office or	registered agent, or bo	th, in the State of F	lorida. I am familiar with	, and accept
ine obligat	tions of registered agent.						
	Xana Pa Xxaa						
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	: Registered Agent signatu	are required when reinstating)		DATE	
7							 -
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D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Cam Trust Fund Co		\$5.00 May E Added to Fees	75	Make check payable rida Department of S	
	ue by September 14, 2007	Trust Fund Co	ontribution.	☐ Added to Fees	Flo	rida Department of S	State
10.	ue by September 14, 2007 OFFICERS AND DIRI	Trust Fund Co		☐ Added to Fees	Flo		State
10.	ue by September 14, 2007 OFFICERS AND DIRI	Trust Fund Co	ontribution.	☐ Added to Fees	Flo	ERS AND DIRECTORS II	N 10
10.	OFFICERS AND DIRI PD SCHROEDER, NICHOLAS T 4010 NEWBERRY ROAD, STE. D	Trust Fund Co	11.	☐ Added to Fees	Flo	ERS AND DIRECTORS II	N 10
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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.

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R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

Daytime Phone #