2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 768552

1. Entity Name
PLCA CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US	11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US

40068122

04022008   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-2378176	Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
UNITED COMMUNITY MGMT. CORP. 11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065	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 _____
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, 2008**	**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 | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	LORENZANO, JERRI		NAME		
STREET ADDRESS	9157 NW 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		

TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SILVER, LONNIE		NAME		
STREET ADDRESS	161 NW 93RD AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP		

TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAMLICH, CHRIS		NAME		
STREET ADDRESS	9117 NW 1ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		

TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AL-IMAM, KAMAL		NAME		
STREET ADDRESS	168 NW 92ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	PEMBORKE PINES, FL		CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: *Kamal Al-Imam*   4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #