

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90015 029 ***150.00

DOCUMENT # G82545

1. Entity Name
LA PLAZA RESIDENTS' ASSOCIATION, INCORPORATED



Principal Place of Business
**6700 150TH AVENUE NORTH
CLEARWATER, FL 33764 US**

Mailing Address
**6700 150TH AVE N
LOT 714
CLEARWATER, FL 33764 US**

00001225



2. Principal Place of Business

3. Mailing Address

01052006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2407621

Applied For
Not Applicable

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

**FORD, EDWIN I.
2307 WEST BAY DRIVE
LARGO, FL 33540**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **GOLESKIE, TOM**
STREET ADDRESS **6700 150 AVE N, LOT 615**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **VP** ☒ Delete
NAME **PELTIER, KEN**
STREET ADDRESS **6700-150TH AVE. N LOT 611**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **S** ☒ Delete
NAME **BROWN, THERESA**
STREET ADDRESS **6700 150 AVE N LOT 600**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **T** ☒ Delete
NAME **SHAMLEY, GARY C**
STREET ADDRESS **6700 150 AVE N LOT 714**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** ☐ Delete
NAME **HOYT, GENE**
STREET ADDRESS **6700-150TH AVE. N. LOT 716**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** ☐ Delete
NAME **MCDONNELL, CONNIE**
STREET ADDRESS **6700-150TH AVE N. LOT 126**
CITY-ST-ZIP **CLEARWATER, FL 33764**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Gene Sawyer**
STREET ADDRESS **6700 150 Ave N # 361**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE **VP** ☒ Change ☐ Addition
NAME **Gary Shamley**
STREET ADDRESS **6700 150 Ave N. # 714**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **S** ☒ Change ☐ Addition
NAME **Joyce Navarra #**
STREET ADDRESS **6700 150 Ave N # 526**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **T** ☒ Change ☐ Addition
NAME **Louise Prince**
STREET ADDRESS **6700 150 Ave N. # 240**
CITY-ST-ZIP **Clearwater FL 33764**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #