## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 15, 2007 8:00 am **Secretary of State DOCUMENT # G82545** 03-15-2007 90025 005 \*\*\*150.00 LA PLAZA RESIDENTS' ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 6700 150TH AVENUE NORTH 6700 150TH AVE N CLEARWATER, FL 33764 LOT 🚍 335 CLEARWATER, FL 33764 HS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-2407621 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORD, EDWIN I. 2307 WEST BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) LARGO, FL 33540 City 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 ported some of registered agent and title if applicable (NOTE: Registered Agent tignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PRESIDENT ☐ Change **Delete** KEN PELTIERC 6700 ISD TH AVE N #611 CHARLEST FL 33764 SAWYER GENE NAME NAME 6700 150 AVE. N., #361 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLEARWATER, FL 33764 TILLE ✓ Delete TITLE Addition Karen Goleski 6700 ISOTH AVE NHOS SHAMLEY, GARY NAME STREET ADDRESS STREET ADDRESS 6700 150 AVE N., #714 Clearwester FL 33764 CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP ☐ Delete HILE ☐ Addition DIRECTOR NAVARRA, JOYCE NAME NAME STREET ADDRESS 6700 150 AVE N., #526 STREET ADDRESS CiTY-ST-ZIP CITY+ST-7IP CLEARWATER, FL 33764 30010 TURY Delete TITLE TITLE Cyntha' BELL PRINCE, LOUISE NAME NAME 100 1 SDITH AVEN# 420 Cecurwater FC 337604 STREET ADDRESS 6700 150 AVE N., #240 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIF DIRECTOR Delete TITLE (MOLLEDNAD) HOYT, GENE NAME NAME 6700190TH AVE N#407 Clear water FL 33764 6700-150TH AVE. N. LOT 716 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-7/P DIVECTOR **∠** Delete TITLE THERESA BROWN MCDONNELL, CONNIE NAME NAME STREET ADDRESS STREET ADDRESS 6700-150TH AVE N. LOT 126 CITY-ST-ZIP CLEARWATER, FL 33764 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 encowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNING OFFICER OR DIRECTOR

**FILED** 

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # G82545 1. Entity Name LA PLAZA RESIDENTS' ASSOCIATION, INCORPORATED ATTACHMENT Principal Place of Business Mailing Address 40036375 6700 150TH AVENUE NORTH 6700 150TH AVE N CLEARWATER, FL 33764 LOT 714 CLEARWATER, FL 33764 IIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 59-2407621 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORD, EDWIN I. Street Address (P.O. Box Number is Not Acceptable) 2307 WEST BAY DRIVE LARGO, FL 33540 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TREASURES Addition Change TITLE TITLE SAWYER, GENE NAME NAME MARIEDOYLE 0109/504houreN # 335 6700 150 AVE. N., #381 STREET ADDRESS STREET ADDRESS CLEARWATER, PL 33764 CETY-ST-ZIP CITY-ST-ZIP VΡ **✓** Delete ☐ Addition TITLE ☐ Change TITLE SHAMLEY, GARY NAME 6700 150 AVE N., #7/4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-S1-ZIP IIILE ☐ Change ■ Addition TITLE 🗖 Detete NAVARBA, JOYCE NAME NAME 6700,150 AVE/N., #526 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 3376 City-St-ZiP ☐ Change ☐ Addition TITLE TITLE PRÍNCE, LOUISE NAME 6700 150 AVE M., #240 STREET ADDRESS STREET ADORES CLEARWATER, FL 33764 CITY-ST-ZIP CITY ☐ Change ☐ Addition Delete TIME HOYT, GENE NAME 6790-150TH AVE. N. LOT 716 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLEARWATER, FL 33/64 CITY-ST-ZIP ☐ Addition ☐ Change Delete 🗀 TITLE TITLE MCDONNELL CONNIE NAME NAME 6700-150TH AVE N. LOT 126 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWAYER, FL 33764 CITY-S1-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 #