2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# N00000004521

Entity Name: SHERATON PLAZA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

109 TROPIC CT.
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5634
FT. PIERCE, FL 34945

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADWELL, BETTY
109 TROPIC CT.
FT. PIERCE, FL 34946 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: AT ( ) Delete
Name: MCGRIFF, JANICE
Address: 2905 LANGSTON DR.
City-St-Zip: FT. PIERCE, FL 34946

Title: P ( ) Delete
Name: BRADWELL, BETTY
Address: 109 TROPIC CT.
City-St-Zip: FT. PIERCE, FL 34946

Title: S ( ) Delete
Name: WILLIAM, IRIS
Address: 109 ACADEMY DR.
City-St-Zip: FT. PIERCE, FL 34946

Title: T ( ) Delete
Name: NOBLE, FRANK
Address: 112 CAMELOT DR.
City-St-Zip: FT. PIERCE, FL 34946

Title: AP ( ) Delete
Name: PAYNE, CELIEMAE
Address: 2803 LANGSTON DRIVE
City-St-Zip: FT. PIERCE, FL 34946

Title: GW ( ) Delete
Name: WEDDERBURN, OLIVE
Address: PO BOX 5634
City-St-Zip: FT. PIERCE, FL 34945

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:

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: BETTY BRADWELL P 03/05/2007
Electronic Signature of Signing Officer or Director — Date