

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02983

FILED
Apr 15, 2009
Secretary of State

Entity Name: PLAZAS OF ST. THOMAS, I, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8730 THOMAS DR.
SUITE 1105
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

8730 THOMAS DR.
SUITE 1105
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 59-2561297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREYER, MARK D
747 JENKS AVE. SUITE G
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DREYER, MARK D
747 JENKS AVE. SUITE G
PANAMA CITY, FL 32401 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: TAYLOR, JOHN
Address: 385 HWY 30 W
City-St-Zip: AMERICUS, GA 31709

Title: PD () Delete
Name: KORNRUMPF, HARRY
Address: 8730 THOMAS DR. #401
City-St-Zip: PANAMA CITY, FL 32408

Title: VD () Delete
Name: HONEYCUTT, LARRY
Address: 8730 THOMAS DR. #1103
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FULLER, DENNIS
Address: 117 EAST GEORGIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD (X) Change () Addition
Name: JOHNSON, TROY
Address: 8730 THOMAS DR. #1308A
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS FULLER

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date