

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02983

FILED  
Feb 17, 2010  
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:**

8730 THOMAS DR.  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

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

**New Mailing Address:**

8730 THOMAS DR.  
PANAMA CITY BEACH, FL 32408

**FEI Number:** 59-2561297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSH, MARIE A  
C/O ST. THOMAS SQ.MOA  
8730 THOMAS DR. #1105  
PANAMA CITY, FL 32408 US

**Name and Address of New Registered Agent:**

RUSH, MARIE A  
C/O ST. THOMAS SQ.MOA  
8730 THOMAS DR.  
PANAMA CITY, FL 32408 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/17/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DENNIS FULLER

PD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date