

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90307 049 ****61.25

DOCUMENT # N03000001099																																																																																			
1. Entity Name PLUMOSA CONDOMINIUM ASSOCIATION, INC.																																																																																			
Principal Place of Business 436 PLUMOSA AVENUE CASSELBERRY, FL 32707			Mailing Address 436 PLUMOSA AVENUE CASSELBERRY, FL 32707																																																																																
2. Principal Place of Business		3. Mailing Address PO Box 180729																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																	
City & State		City & State Casselberry, FL		4. FEI Number ☒ Applied For Not Applicable																																																																															
Zip	Country	Zip 32718-0729	Country Seminole	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																															
6. Name and Address of Current Registered Agent LAWLOR, GEROGE 436 PLUMOSA AVENUE CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering)																																																																																			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																															
Make check payable to Florida Department of State																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"> President George Lawlor 436 Plumosa Ave Casselberry, FL 32707 </td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;">Casselberry, FL 32707</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"> Director Branson Santy 436 Plumosa Ave Casselberry, FL 32707 </td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;">Casselberry, FL 32707</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	President George Lawlor 436 Plumosa Ave Casselberry, FL 32707		STREET ADDRESS			CITY-ST-ZIP	Casselberry, FL 32707		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	Director Branson Santy 436 Plumosa Ave Casselberry, FL 32707		STREET ADDRESS			CITY-ST-ZIP	Casselberry, FL 32707		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ 4-24-04																																																																																			