2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009884 1. Entity Name AMERICANA PLAZA PROPERTY OWNERS



FILED Feb 14, 2006 8:00 am Secretary of State 02-14-2006 90001 029 ****61.25

ASSOCIATION, INC.							TEST T					
Principal Place of Business 600 SEA OAK DRIVE VERO BEACH, FL 32963			600 SE	Mailing Address 600 SEA OAK DRIVE VERO BEACH, FL 32963				60015196				
Principal Place of Business 3. Mailing Address												
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Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				01312006	Chg-NP	CR2	E037 (11/05)	
City & State			City	City & State				4. FEI Numbe 20-074	0 349			plied For t Applicable
Zip	Zip Country		Zip		Cou	Country		5. Certificate	of Status Desi	red 🗆	\$8.75 Add Fee Required	
	and Address of Curre		I		7. Name and	Address of N	ew Register	red Agent				
RABAL, RONALD M							Idress (P.O. Box Number is Not Acceptable)					
600 SEA OAK DRIVE VERO BEACH, FL 32963 Street Address (P.O. Box Number is Not Acceptable)												
						City					Zip Code	<u> </u>
FL 2pp 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												
the obligat	ions of regist		it for the purpos	se or changing its	registeri	ea onice or	register	eo agent, or bo	m, in the State	oi riorida. T	am Jamillar Willi,	and accept
SIGNATURE .		for printed name of registered a	gent and title if applic	able. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DA	TE.	 ·
	Filina Fa	e is \$61.25		9. Election Can	npaion F	inancing		\$5.00 va		Make ch	neck payable to	D
Due by May 1, 2006				Trust Fund Contribution.				\$5.00 May Be Added to Fees Florida Department of State				
10.	·	OFFICERS AND	DIRECTORS	IRECTORS 11				DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			10	
TITLE	PSD			Delete	mu						☐ Change	☐ Addition
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C!TY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP						
TITLE	VTD			Delete	TITLE						☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP	,					EET ADDRESS /-st-zip			- !		•	
	Certify that th	ne information supplied	with this filing o	loes not qualify fo			ontainer	d in Chapter 110	P Florida Statu	ites. I further	certify that the in	nformation
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-713-4107 Daytime Phone #