## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010349

FILED Jan 19, 2009 Secretary of State

Entity Name: THE PLAZA CONDOMINIUM ASSOCIATION AT BERKMAN PLAZA, INC.

Current Pr	incipal Place	of Business:	New Principal Place of Business:			
400 E BAY JACKSON\	ST VILLE, FL 3220	)2				
Current Ma	ailing Address	<b>::</b>	New Maili	New Mailing Address:		
8641 BAYPINE RD SUITE 1 JACKSONVILLE, FL 32256			400 E BAY ST JACKSONVILLE, FL 32202			
FEI Number:	20-0419418	FEI Number Applied For ( ) FEI Nu	ımber Not Appl	icable()	Certificate of Status Desired ( )	
Name and	Address of Cu	urrent Registered Agent:	Name and Address of New Registered Agent:			
8641 BAYP	Y SERVICES IN INE RD SUITE VILLE, FL 3225	1	PLAZA PROPERTY SERVICES, LLC 400 E BAY ST JACKSONVILLE, FL 32202 US			
The above in the State		ubmits this statement for the purpose	of changing it	ts registered off	ice or registered agent, or both,	
SIGNATUR	RE: CYNTHIA	S. MERCER		01/19/2009		
	Electroni	c Signature of Registered Agent		Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () I STEVENSON, FF 400 E BAY ST # JACKSONVILLE,	1906	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () I THOMPSON, LAI 400 E BAY ST# JACKSONVILLE,	105	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () I EZELL, WAYNE 400 E BAY ST # JACKSONVILLE,		Title: Name: Address: City-St-Zip:	D (X) EZELL, WAYNE 400 E BAY ST # JACKSONVILLE		
Title: Name: Address: City-St-Zip:	V () I KLOEPPEL, MAR 400 E BAY ST #6 JACKSONVILLE,	310	Title: Name: Address: City-St-Zip:	P (X) MERRICK, DORG 400 E BAY ST #4 JACKSONVILLE,	406	
Title: Name: Address: City-St-Zip:	D ()I WORLEY, TOM 400 E BAY ST #9 JACKSONVILLE,		Title: Name: Address: City-St-Zip:	V (X) MCVAY, THOMA 400 E BAY ST # JACKSONVILLE,	1101	

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: CYNTHIA S. MERCER A 01/19/2009