# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# N03275

**Entity Name:** FLORIDA PLAZA OWNERSHIP ASSOCIATION, INC.

**Current Principal Place of Business:**

7115 BLUE INDIGO CRESCENT
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

5722 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746

**Current Mailing Address:**

7115 BLUE INDIGO CRESCENT
WINTER GARDEN, FL 34787

**New Mailing Address:**

5722 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746

**FEI Number: 59-2720686** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SPINA, MICHAEL A
7115 BLUE INDIGO CRESCENT
WINTER GARDEN, FL 34787 US

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

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 — Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: NADDEO, LARRY P,
Address: 4301 DOWNPOINT LANE
City-St-Zip: WINDERMERE, FL 34786

Title: VD ( ) Delete
Name: ARIE, JOHN B,
Address: 320 WEST HIGH STREET
City-St-Zip: OVIEDO, FL 32765

Title: STD ( ) Delete
Name: SPINA, MICHAEL A,
Address: 7115 BLUE INDIGO CRESCENT
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: STD ( ) Change (X) Addition
Name: NADDEO R. TOMMY,
Address: 11048 LEDGEMENT LN
City-St-Zip: WINDERMERE, FL 34786

Title: STD ( ) Change (X) Addition
Name: ARIE JOHN B JR,
Address: 10405 BIG TREE CT
City-St-Zip: ORLANDO, FL 32836

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: MICHAEL SPINA MRG 01/16/2009

Electronic Signature of Signing Officer or Director — Date