2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N03817

Entity Name: PLAZA RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

25 E. SILVER SPRINGS BLVD.
OCALA, FL 34470 US

New Principal Place of Business:

2123 SW 20TH PLACE
OCALA, FL 34471 US

Current Mailing Address:

25 E. SILVER SPRINGS BLVD.
OCALA, FL 34470 US

New Mailing Address:

2123 SW 20TH PLACE
OCALA, FL 34471 US

FEI Number: 59-2469819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSSHARDT PROPERTY MGMT, INC
25 E SILVER SPRINGS BLVD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MGMT, INC
2123 SW 20TH PLACE
OCALA, FL 34471 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: GARRY GRIFFIN 02/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONLEY, LARRY
Address: 58 PINE TRACK UNIT D102
City-St-Zip: OCALA, FL 34472

Title: VPTD ( ) Delete
Name: VIVES, ROSA
Address: 62 PINE TRACK, UNIT B102
City-St-Zip: OCALA, FL 34472

Title: SD ( ) Delete
Name: CORTES, RACHEL
Address: 62 PINE TRACK, UNIT B101
City-St-Zip: OCALA, FL 34472

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:

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: LARRY CONLEY PD 02/05/2009
Electronic Signature of Signing Officer or Director Date