

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

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1. Entity Name

DJG PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3155 NW 82 AVENUE, SUITE 101
MIAMI, FL 33122

Mailing Address

3155 NW 82 AVENUE, SUITE 101
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE



03152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

76-0776258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
S. BISCAYNE BLVD.
SUITE 2400
MIAMI, FL 33131

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PD

NAME

JASON, DORAN A

STREET ADDRESS

3155 NW 82 AVENUE, SUITE 101

CITY-ST-ZIP

MIAMI, FL 33122

TITLE

VSTD

NAME

HEWETT, DWIGHT C

STREET ADDRESS

3155 NW 82 AVENUE, SUITE 101

CITY-ST-ZIP

MIAMI, FL 33122

TITLE

D

NAME

LEWIS, HAROLD L

STREET ADDRESS

2 SOUTH BISCAYNE BLVD., SUITE 2400

CITY-ST-ZIP

MIAMI, FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000497377
04/22/06-80053-002 50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Doran A. Jason **DORAN A. JASON**

3/16/06

3055927606

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #