


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90356 025 ****61.25

DOCUMENT # N05000000482 1. Entity Name PLAZA 57 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1501 SUNSET DR SECOND FLOOR CORAL GABLES, FL 33143				Mailing Address 1501 SUNSET DR SECOND FLOOR CORAL GABLES, FL 33143	
2. Principal Place of Business 7301 SW 57 CT Suite, Apt. #, etc. Suite #440 City & State South Miami - FL Zip 33143				3. Mailing Address 7301 SW 57 CT. Suite, Apt. #, etc. Suite # 440 City & State South Miami - FL Zip 33143	
4. FEI Number 20-2847927				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTAWAY, L. RICHARD 1501 SUNSET DR SECOND FLOOR CORAL GABLES, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57 CT. Suite # 440 City South Miami FL Zip Code 33143		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTV MATTAWAY, L. RICHARD <input type="checkbox"/> Delete 1501 SUNSET DR SECOND FLOOR CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7301 SW 57 CT. Suite # 440 South Miami - FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTAWAY, L. RICHARD <input type="checkbox"/> Delete 1501 SUNSET DR SECOND FLOOR CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7301 SW 57 CT. Suite # 440 South Miami - FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LURIE, BRANDON <input type="checkbox"/> Delete 1501 SUNSET DR SECOND FLOOR CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7301 SW 57 CT. Suite # 440 South Miami - FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTAWAY, LISA <input type="checkbox"/> Delete 1501 SUNSET DR SECOND FLOOR CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7301 SW 57 CT. Suite # 440 South Miami - FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>L.R. Mattaway</i></u> L.R. Mattaway 4/17/06 305-662-1421 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					