


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90124 001 ****61.25
 05-09-2007 90124 002 ****61.25

DOCUMENT # N05000009560

1. Entity Name
 PLAZA RESORT & SPA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 600 NORTH ATLANTIC AVENUE
 DAYTONA BEACH, FL 32118

Mailing Address
 600 NORTH ATLANTIC AVENUE
 DAYTONA BEACH, FL 32118

00013740



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

4. FEI Number
 20-3538947

5. Certificate of Status Desired \$8.75 Additional Fee Required

01182007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 SHEAR, DAVID
 201 ALHAMBRA CIRCLE SUITE 601
 CORAL GABLES, FL 33134

7. Name and Address of Now Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State


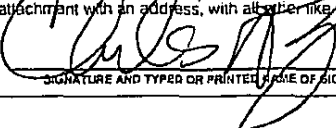
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLESPIE, JOSEPH G 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANDHOLTZ, STEVEN 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input checked="" 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	DST HRICKO, KENT 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <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	D Hock, Frank 847 Brighton Place Glen-Burnie, MD 21061 <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
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 or part thereof empowered.

SIGNATURE:  CHARLES A. BERG Date: 5/9/07 Daytime Phone #: 386-667-1187

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT
66013746

DOCUMENT # N05000009560					
1. Entity Name PLAZA RESORT & SPA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3538947	
Applied For Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEAR, DAVID 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLESPIE, JOSEPH G		NAME		
STREET ADDRESS	600 NORTH ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDHOLTZ, STEVEN		NAME		
STREET ADDRESS	600 NORTH ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HRICKO, KENT		NAME		
STREET ADDRESS	600 NORTH ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hect, Frank		NAME		
STREET ADDRESS	847 Brighton Place		STREET ADDRESS		
CITY-ST-ZIP	Glen-Burnie, MD 21061		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 alterative like empowered.					
SIGNATURE: 		CHARLES A. BERG		336 667-1687	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	