


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90197 009 \*\*\*\*70.00

**DOCUMENT # N05000009560**

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



|   |   |
|---|---|
| Principal Place of Business<br>600 NORTH ATLANTIC AVENUE<br>DAYTONA BEACH, FL 32118 | Mailing Address<br>600 NORTH ATLANTIC AVENUE<br>DAYTONA BEACH, FL 32118 |
|---|---|

40106246



**DO NOT WRITE IN THIS SPACE**

01142008 No Chg-NP CR2E037 (4/06)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>20-3538947  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHEAR, DAVID  
 201 ALHAMBRA CIRCLE SUITE 601  
 CORAL GABLES, FL 33134

**DO NOT WRITE 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 \_\_\_\_\_ 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, 2008**

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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>GILLESPIE, JOSEPH G<br>600 NORTH ATLANTIC AVENUE<br>DAYTONA BEACH, FL 32118   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>SANDHOLTZ, STEVEN <input checked="" type="checkbox"/> Delete<br>600 NORTH ATLANTIC AVENUE<br>DAYTONA BEACH, FL 32118 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DST<br>HRICKO, KENT<br>600 NORTH ATLANTIC AVENUE<br>DAYTONA BEACH, FL 32118   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HOCK, FRANK<br>897 BRIGHTON PLACE<br>GLEN BURNIE, MD 21061   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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: Charles A. Gray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 386-267-1603  
Date Daytime Phone #