

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05956		
1. Entity Name PUNTA GORDA PLAZA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1900 TAMiami TrL PUNTA GORDA, FL 33-9550 US		Mailing Address 1900 TAMiami TrL PUNTA GORDA, FL 33-9550 US
DO NOT WRITE IN THIS SPACE		
		
		01082007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-2668889		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVID A AMBERG 1900 TAMiami TRAIL PUNTA GORDA, FL 33950		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000584422 01/12/07-80036-020 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMBERG, DAVID 1900 TAMiami TRAIL PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULSON, DAVID 1900 TAMiami TRAIL PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBERG, PATRICIA A 1900 TAMiami TRAIL #C PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 all other like empowered.		
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/8/07 941-6392050 Date Daytime Phone #