

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

FILED
Feb 25, 2008 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



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2668889	Applied For <input type="checkbox"/> Not Applicable
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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 reinstating)

DATE

**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	PD
NAME	AMBERG, DAVID
STREET ADDRESS	1900 TAMiami TrAIL
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	D
NAME	PAULSON, DAVID
STREET ADDRESS	1900 TAMiami TrAIL
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	D
NAME	AMBERG, PATRICIA A
STREET ADDRESS	1900 TAMiami TrAIL #C
CITY-ST-ZIP	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	

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03/04/08-80013-024 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-08