2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N06000008190 01-16-2007 90203 044 ****61.25 PLUMOSUS CENTRE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 919 SE RIVERSIDE DR 919 SE RIVERSIDE DR 60000881 ATUART, FL 34994 -ATUART: FL 34994 Stuart Stuart 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 01102007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 76-08 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEAVER, SANDRA 919 SE RIVERSIDE DR Street Address (P.O. Box Number is Not Acceptable) ATUART, FL 34994 Stuart City 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. Lam 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. \Box Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THILE ☐ Defete TITLE LEAVER, SANDY NAME NAME STREET ADDRESS 919 SE RIVERSIDE DR STREET ADDRESS ATUART, FL 34994 CHY-SI-7IP CITY ST-ZIP uart, FL 34994 TITLE ☐ Delete Moore, T. Michael Change 828 W Indiantown Ro TITLE MOORE, T. MICHAEL STREET ADDRESS 919 SE RIVERSIDE DR STREET ADDRESS ATUART, FL 34994 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition LEAVER, BRIAN NAME STREET ADDRESS 919 SE RIVERSIDE DR STREET ADDRESS ATUART: FL 34994 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE 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 all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 16, 2007 8:00 am