FILED
May 27, 2008 8:00 am
Secretary of State
04-21-2008 90074 050 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009905

1. Entity Name
PHILLIPPI PLAZA LAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
46 N. WASHINGTON BLVD., STE. 1 SARASOTA, FL 34236	P.O. BOX 2507 SARASOTA, FL 34231

66012114

04162008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 2507
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SARASOTA, FL
Zip / Country	Zip: 34230 / Country

4. FEI Number: APPLIED FOR 20-5624634 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., STE. 1
SARASOTA, FL 34236

7. Name and Address of New 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 ______ 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

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	D DAVY, MARK A PO BOX 2507 SARASOTA, FL 34230	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 other like empowered.

SIGNATURE: [signature] MARK DAVY 4/17/08 941-951-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #