


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011346	
1. Entity Name TITLECO PLAZA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065	Mailing Address 3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 10101 W. SAMPLE ROAD		Suite, Apt. #, etc. 10101 W. SAMPLE ROAD	
City & State CORAL SPRINGS, FL 33065		City & State CORAL SPRINGS, FL 33065	
Zip	Country	Zip	Country

FILED
08 JUN 13 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

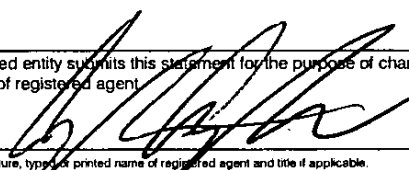


03252008 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR 26-1961137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PONNOCK, ANDREW 3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: ANDREW PONNOCK Street Address: 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 City: FL Zip Code	
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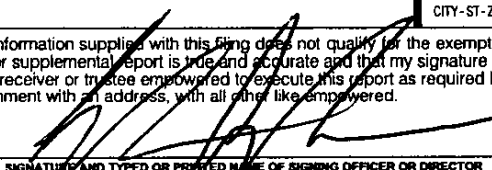
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  ANDREW PONNOCK 03/26/08
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PONNOCK, ANDREW A 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PONNOCK, ANDREW 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PONNOCK, MARIA 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PONNOCK, MARIA 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOFFMAN, BARBARA J 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOFFMAN, BARBARA 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/01/08 90009 042 \$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  3/26/08 954-340-4051
Signature, typed or printed name of signing officer or director Date Daytime Phone #