

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007311

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE PLAZA HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

450 KNIGHTS RUN AVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

450 KNIGHTS RUN AVE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-1376476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JODI L MANAGER
450 KNIGHTS RUN AVE
MANAGEMENT OFFICE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLLS, MICHAEL K
Address: 1980 POST OAK BOULEVARD SUITE 1600
City-St-Zip: HOUSTON, TX 77056

Title: VD () Delete
Name: THOMAS, DONALD G II
Address: 1980 POST OAK BOULEVARD SUITE 1600
City-St-Zip: HOUSTON, TX 77056 US

Title: D () Delete
Name: MITCHAM, BOB A
Address: 450 KNIGHTS RUN AVE UNIT 1705
City-St-Zip: TAMPA, FL 33602 US

Title: T () Delete
Name: PETE PFILE, L.E. JR.
Address: 1980 POST OAK BOULEVARD SUITE 1600
City-St-Zip: HOUSTON, TX 77056 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICHOLLS, MICHAEL E
Address: 1980 POST OAK BOULEVARD SUITE 1600
City-St-Zip: HOUSTON, TX 77056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD FOX

MGR

03/05/2009

Electronic Signature of Signing Officer or Director

Date