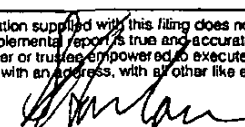


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

07-28-2008 90034 047 ****61.25

03-31-2008 90006 002 ****61.25

DOCUMENT # N07000011716			
1. Entity Name SE Moran PLAZA PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 401 E. LAS OLAS BLVD., STE. 1000 C/O MORGAN PROPERTY GROUP FT. LAUDERDALE, FL 33301		Mailing Address 401 E. LAS OLAS BLVD., STE. 1000 C/O MORGAN PROPERTY GROUP FT. LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		5. Name and Address of New Registered Agent	
CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR., STE. A TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ☐ Delete NAME President STREET ADDRESS George A. Morgan Jr. CITY-ST-ZIP 401 E Las Olas Blvd, #1000 Fort Lauderdale, FL 33301		TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME Vice President STREET ADDRESS George A. Morgan, III CITY-ST-ZIP 401 E Las Olas Blvd, #1000 Ft Lauderdale, FL 33301		TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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: x 		Date 7/17/08 (754) 522-6010	

66016059



07172008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-3210571** Applied For ☐ Not Applicable ☒

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

FL Zip Code