## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011917

FILED Apr 15, 2009 Secretary of State

Entity Name: THE PLAZA AT OCEANSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

24301 WALDEN CENTER DRIVE 1 NORTH OCEAN DRIVE

SUITE 300 PROPERTY MANAGEMENT OFFICE BONITA SPRINGS, FL 34134 POMPANO BEACH, FL 33062

FEI Number: 26-1724037 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134 US
BETANCOURT, MARITZA
19 WEST FLAGLER STREET
BISCAYNE BUILDING, SUITE 720
MIAMI, FL 33130 US

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: MARITZA BETANCOURT

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

04/15/2009

Title: DP ( ) Delete Title: PRES (X) Change ( ) Addition

Name: HAWKINS, JOHN Name: PATRIZIO, MICHAEL

Address: 24301 WALDEN CENTER DRIVE Address: 1 N. OCEAN BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: POMPANO BEACH, FL 33062

Title: DV ( ) Delete Title: VP (X) Change ( ) Addition

Name:PATRIZIO, MICHAELName:SCHUMAKER, JAMESAddress:24301 WALDEN CENTER DRIVEAddress:1 N. OCEAN BLVD.

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: POMPANO BEACH, FL 33062

 Title:
 DST
 ( ) Delete
 Title:
 ST
 (X) Change ( ) Addition

 Name:
 TIEBOUT-TOURON, MARCIENNE
 Name:
 TIEBOUT-TOURON, MARCIENNE

Address: 24301 WALDEN CENTER DRIVE Address: 24301 WALDEN CENTER DRIVE, SUITE 300

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

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: MICHAEL PATRIZIO PRES 04/15/2009