


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08587 (0)					
1. Corporation Name PIERSON PLAZA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1312-7 MARKET CIR STE 7 PT CHARLOTTE FL 33953 US			Mailing Address 1312-7 MARKET CIR STE 7 PT CHARLOTTE FL 33953 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/08/1985 4. FEI Number 65-0114655 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LORD, DENNIS 1312-7 MARKET CIR PORT CHARLOTTE FL 33953				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Dennis Lord</i> DATE <i>3/19/98</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DV NAME PIERSON, BRYCE JR. STREET ADDRESS 20192 TRALEE DRIVE CITY-ST-ZIP PORT CHARLOTTE FL <input checked="" type="checkbox"/> DELETE			1.1 TITLE DV 1.2 NAME LORD Ethel 1.3 STREET ADDRESS 1312-7 Market Cir. 1.4 CITY-ST-ZIP PORT Charlotte FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DP NAME LORD, DENNIS STREET ADDRESS 1312-7 MARKET CIR CITY-ST-ZIP PORT CHARLOTTE FL <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DT NAME SERVICE, KARLENE STREET ADDRESS 1312-9 MARKET CIR CITY-ST-ZIP PT CHARLOTTE FL <input checked="" type="checkbox"/> DELETE			3.1 TITLE D.T. 3.2 NAME LORD Dennis 3.3 STREET ADDRESS 1312-7 Market Cir. 3.4 CITY-ST-ZIP PORT Charlotte FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Dennis Lord</i> 3/19/98 944-2425200					

CR2E037 (10/97)