FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STAT Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N18654

(6)

PLAZA WEST OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Rusiness	Mailing Address					
3452 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33436 3452 W. BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436							
					3. Date Incorporated or Qualified 01/08/1987	3a. Date of Last 02/15/19	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2755202		Applied For Not Applicable
Suite, Apt. #	⊭, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	May Be d to Fees
Zip 24	Country 25	Ζφ 29	30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
			[6	1 Name			
GALLO, VINCENT J., SR. 3452 WEST BOYNTON BEACH BLVD.				2 Street Add	fress (P.O. Box Number is Not Acceptable)	
	N BEACH FL 33436			3			
			8	4 City		FL 85 Zip	Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florida h, and accept the obligations of Section Signature, typed or printed name of registered agent at	a. Such change was authori in 617.0503, Florida Statute	ized by the co is.	rporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appoint	ose or changing its rentment as registered	agent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1 1 TITL			Change	★] Addition
NAME	GALLO, VINCENT J., SR.		1 2 NAM	E		,	
STREET ADDRESS	3452 W. BOYNTON BCH.BLVD			ET ADDRESS			
CITY-S1-ZIP	BOYNTON BEACH FL		1 4 CITY			334	36
TILE	SD DELETE		2 1 TITLE			☐ Change	Addition
NAME	MONTAPERTO, MICHAEL		2 2 NAM	E	_ , _		
STREET ADDRESS	3000 N. OCEAN DR.,# 14H	2:		ET ADDRESS			
CITY - ST - ZIP	RIVIERA BEACH FL		2 4 0111	-SI-ZIP			
TITLE	TD DELETE		3 1 7 1 1 1			☐ Change	☐ Addition
NAME	GALLO, JOSEPH J.	GALLO, JOSEPH J.		E			
STREET ADDRESS	119 S. GOLFVIEW, APT. 1		3 3 STRE	ET ADORESS			
CITY-ST-ZIP	LAKE WORTH FL		3 4 CITY	-SI-ZIP			
TITLE	□ DELETE 4		4.1 TITLE			Change	Addition
NAME			4 2 NAN	!E			
STREET ADDRESS			4 3 STRE	ET ADDRESS			
CITY - ST- ZIP			4 4 CITY	- ST - ZIP			
TITLE		DELETE	5 1 TITLE			☐ Change	Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5 3 STRE	ET ADDRESS			
CITY-ST-ZiP			5 4 CITY	- ST - ZIP			· ,
TITLE		DELETE	6 1 TITLE			Change	☐ Addition
NAME			6 2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6 4 CITY	-ST-ZIP		·	
certify that oath, that I appears in	y ceruly triat the information supplied will the information indicated on this annua I am an officer or director of the composi- Block 12 or Block Thi changed Prior	in tris amig is voluntarily fur a report or supplemental and ation the receiver or trust attachment with ap acc	mished and do nual report is ! ee empowere dress.	es not qualify to true and accura to execute th	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 617, Flor	((3)(k), Florida Statuti ame legal effect as if ida Statutes; and tha	es. I further made under at my name