

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90035 005 ****61.25

DOCUMENT # N20816 1. Entity Name STUART PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3454 SE DIXIE HWY 3464 STUART, FL 34997			Mailing Address 3454 SE DIXIE HWY 3464 STUART, FL 34997		
2. Principal Place of Business - No P.O. Box # 3464 SE DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address 3464 SE DIXIE HWY Suite, Apt. #, etc.			
City & State STUART, FL Zip 34997		City & State STUART, FL Zip 34997		4. FEI Number 59-2825612 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent COWAN, DANIEL A 3454 SE DIXIE HWY STUART, FL 34997			
7. Name and Address of New Registered Agent Name GLENN MINSKY Street Address (P.O. Box Number is Not Acceptable) 3464 SE DIXIE HWY City STUART, FL Zip Code 34997		8. 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	PD COWAN, DANIEL A	<input checked="" type="checkbox"/> Delete	TITLE	PD MINSKY, GLENN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3454 SE DIXIE HWY		STREET ADDRESS	3464 SE DIXIE HWY	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	STUART, FL 34997	
TITLE	STD LYTELL, KATHRYN L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3468 SE DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	VD MINSKY, GLENN	<input checked="" type="checkbox"/> Delete	TITLE	VD VALDERRAMA, JEAN J JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3454 SE DIXIE HWY		STREET ADDRESS	3472 SE DIXIE HWY	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	STUART, FL 34997	
TITLE	D VALDERRAMA, JEAN J JR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3472 SE DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	D VIOLA, JOHN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4836 MANATEE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/20/07 Daytime Phone # 772-283-4678		