

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90015 035 ****61.25

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # N20816 1. Entity Name STUART PLAZA CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3464 SE DIXIE HWY STUART, FL 34997 | | | Mailing Address 3454 SE DIXIE HWY STUART, FL 34997 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | 03072008 Chg-NP CR2E037 (12/06) |
| 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 MINSKY, GLENN 3464 SE DIXIE HWY STUART, FL 34997 | | | 7. Name and Address of New Registered Agent Name LYTELL, KATHRYN Street Address (P.O. Box Number is Not Acceptable) 3468 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.</small> | | KATHRYN L. LYTELL | | 3-11-2008 <small>DATE</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MINSKY, GLENN 3464 SE DIXIE HWY STUART, FL 34997 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LYTELL, KATHRYN 3468 SE DIXIE HWY STUART, FL 34997 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LYTELL, KATHRYN L 3468 SE DIXIE HWY STUART, FL 34997 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ELDER, Robert STUART, FL 34997 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VALDERRAMA, JEAN J JR 3454 SE DIXIE HWY STUART, FL 34997 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BIGLOW, DONALD 2962 SE FAIRWAY WEST STUART, FL 34997 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VIOLA, JOHN 4836 MANATEE TERRACE STUART, FL 34997 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VIOLA, John 4836 manatee TERRACE STUART, FL 34997 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MINSKY, Glenn 3464 SE DIXIE HWY STUART, FL 34997 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MINSKY, Glenn 3464 SE DIXIE HWY STUART, FL 34997 |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | | 3-11-2008 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |
| <small>Daytime Phone #</small> | | | | | |