2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 21, 2009
Secretary of State

DOCUMENT# N20816

Entity Name: STUART PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3464 SE DIXIE HWY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3454 SE DIXIE HWY
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2825612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDER, ROBERT
3464 SE DIXIE HWY
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELDER, ROBERT
Address: 12 EMARITA WAY
City-St-Zip: STUART, FL 34996 US

Title: TD ( ) Delete
Name: LYTELL, KATHRYN L
Address: 3468 SE DIXIE HWY
City-St-Zip: STUART, FL 34997 US

Title: VD ( ) Delete
Name: BIGLOW, DONALD
Address: 2962 SE FAIRWAY WEST
City-St-Zip: STUART, FL 34997 US

Title: SD ( ) Delete
Name: VIOLA, JOHN
Address: 4836 MANATEE TERR
City-St-Zip: STUART, FL 34997 US

Title: D ( ) Delete
Name: MINSKY, GLENN
Address: 3464 SE DIXIE HWY
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LORTON, J RAY
Address: 2164 SE ST LUCIE
City-St-Zip: STUART, FL 34996 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GORMAN, PETER
Address: 8764 FAIRWIND WAY
City-St-Zip: HOBE SOUND, FL 33455 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHRYN LYTELL T D 12/21/2009

Electronic Signature of Signing Officer or Director — Date