

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N25904

Entity Name: PLAZA ASSOCIATION, INC.

Current Principal Place of Business:

433 CALIFORNIA STREET, 7TH FL
SAN FRANCISCO, CA 941042011 US

New Principal Place of Business:

Current Mailing Address:

433 CALIFORNIA STREET, 7TH FL
SAN FRANCISCO, CA 941042011 US

New Mailing Address:

FEI Number: 65-0113392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUNIHAN, JAMES
C/O SHERATON STE 3 ORLANDO ARPT
7550 AUGUSTA NATIONAL DR.
ORLANDO, FL 32822 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: DP () Delete
Name: LAWRENCE, LUI
Address: 433 CALIFORNIA ST, 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D () Delete
Name: CARTER, ANTONY
Address: 433 CALIFORNIA ST, 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

Title: T () Delete
Name: EVANS, JAMES E M
Address: 433 CALIFORNIA ST 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

Title: S () Delete
Name: WEADON, LISA
Address: 7900 GLADES ROAD SUITE 360
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: HARRELL, STEVE
Address: 7900 GLADES ROAD SUITE 360
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LISA WEADON

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date