

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-12-2008 90017 032 ****61.25

DOCUMENT # N28028

1. Entity Name
PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4475 U.S. 1 SOUTH
#504
ST.AUGUSTINE, FL 32086-2139 US**

Mailing Address
**815 S MAIN STREET
C/O JULIA SUDDATH
JACKSONVILLE, FL 32207 US**

66003056



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3090700	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

**GEIGER, JOHN R P.A.
4475 US 1 SOUTH
#406
SAINT AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DT**
NAME **SUDDATH, JULIA A**
STREET ADDRESS **815 S MAIN ST**
CITY-STATE-ZIP **JACKSONVILLE, FL 322078140**

TITLE **S**
NAME **BARKER, PAULINE**
STREET ADDRESS **3761 ARROWHEAD DRIVE**
CITY-STATE-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **PD**
NAME **BUNKELMAN, ANGELA**
STREET ADDRESS **4475 US 1 SOUTH #504**
CITY-STATE-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **VPD**
NAME **RANNE, MICHAEL D**
STREET ADDRESS **815 S MAIN ST**
CITY-STATE-ZIP **JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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: Julia A Suddath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 904 390 7173
Date Daytime Phone #

Julia A Suddath