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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUN 1. Corporation	MENT # N3895	62 (0)					
	ON PLAZA MERCHANT'S	ASSOCIATION, INC.					
V 0 4111 / 1							
Principa` Place	of Puoiness	Mailing Addrona	4				
·		Mailing Address					
C/O CBL MANAGEMENT. INC. 6148 LEE HIGHWAY C/O CBL MANAGEMENT. INC. 6148 LEE HIGHWAY							
CHATTANOOG	GA TN 37421	CHATTANOOGA TN 374	21		Date Incorporated or Qualified	3a. Date of Last	Report
					07/05/1990	05/23/19	
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
	Associates Manageme	ent26 CBL & Associ	lates M	<u>lanagemen</u>	62-1468348		Not Applicable
Suite, Apt. #	#, etc. I r is above	nc. Suite, Apt., #, etc.		Inc	5. Certificate of Status Desired		Additional Required
City & State		City & State	194110 45 40010		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for in		199.032,
24	9. Name and Address of Curre	29 29 Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	··············
	alla masipos di Dalle		8	1 Name	and needed of 1101 At	a oreion agent	
CHAMBERG, DEBORAH P.			9	2 Street Addre	ess (P.O. Box Number is Not Acceptable	a)	
325 S. BLVD.					ss (F.O. box number is not acceptable)		
	FL 33606		8	3			
tampa f			h-		***	85 Zi	p Code
TAMPA F			10	4 City			
	to the provisions of Sections 617.050	02 and 617 1508 Florida Statute			ation submits this statement for the num	FL O	poietared office
11. Pursuant to	red agent, or both, in the State of Flor	rida. Such change was authorize	es, the above	-named corpora	ation submits this statement for the purp d of directors. I hereby accept the appo	oose of changing its r	egistered office Lagent, Lam
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SIGNATURE: ______

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(423) 855-0001