

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N40916

1. Entity Name
PLAZA PROFESSIONAL CENTER, INC.



Principal Place of Business

**PO BOX 490711
LEESBURG, FL 34749-0711**

Mailing Address

**PO BOX 490711
LEESBURG, FL 34749-0711**



04052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3056308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDSTEIN, GERALD
600 NORTH BLVD., W
LEESBURG, FL 34748**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000725097
05/03/07-80049-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GOLDSTEIN, GERALD
600 NORTH BLVD WEST
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BURBANK, DON
307 LAGRANDE BLVD
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TUCKER, MYRA
304 LAGRANDE BLVD
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VALDEZ, ANITA
311 LAGRANDE BLVD
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD GOLDSTEIN 4-5-07 352-787-9300

Date

Daytime Phone #