

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90175 050 ****61.25

DOCUMENT # N48117			
1. Entity Name PLYMOUTH III CONDO ASSOCIATION, INC.			
Principal Place of Business 13 PLYMOUTH A WEST PALM BEACH, FL 33417-6731 US		Mailing Address SEACREST SERVICES, IN 2400 CENTRE PARK W. DR #175 WEST PALM BEACH, FL 33409 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1465245		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		7. Name and Address of New Registered Agent	
JAFFE, IRMA 34 PLYMOUTH D WEST PALM BEACH, FL 33417		Name TABAG, MONA Street Address (P.O. Box Number is Not Acceptable) 38 PLYMOUTH E City WPB FL Zip Code 33417	
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 <i>Mona Tabag</i>		MDNA TABAG President 3/23/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, ARLENE	NAME	Susan Heller
STREET ADDRESS	5 PLYMOUTH A	STREET ADDRESS	P 45 PLYMOUTH
CITY-ST-ZIP	W. PALM BEACH, FL 33417	CITY-ST-ZIP	WPB FL 33417
TITLE	D Treasurer + Delegate	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARLMAN, ESTELLE	NAME	SECRETARY JOSEPH ROBINSON
STREET ADDRESS	4 PLYMOUTH A	STREET ADDRESS	C-27 PLYMOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	WPB FL 33417
TITLE	DS	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITESSELL, JOSEPHINE	NAME	2ND VICE PRESIDENT MICHAEL BERMAN
STREET ADDRESS	47 PLYMOUTH F	STREET ADDRESS	36 D PLYMOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	WPB FL 33417
TITLE	DVT President + Delegate	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABAG, MONA	NAME	CO-TREASURER JULIUS SILBERGER
STREET ADDRESS	38 PLYMOUTH E	STREET ADDRESS	A 11 PLYMOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	WPB FL 33417
TITLE	DP Past Pres	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, IRMA	NAME	
STREET ADDRESS	34 PLYMOUTH D	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNTEL, MARTIN	NAME	
STREET ADDRESS	32 PLYMOUTH D	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
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: <i>MONA TABAG</i>		3/23/07 561 689-8822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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