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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49564

1. Corporation Name
AIRPORT PLAZA OWNERS ASSOCIATION, INC.

Principal Place of Business 1751 MOUND ST SUITE 105 SARASOTA FL 34236	Mailing Address 1751 MOUND ST SUITE 105 SARASOTA FL 34236
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2. Principal Place of Business 21 1740 WISCONSIN LN Suite, Apt. #, etc. 22	2a. Mailing Address 26 1740 WISCONSIN LN Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 06/25/1992
23 SARASOTA FL City & State 24 34239 25 SARASOTA Zip Country	28 SARASOTA FL City & State 29 34239 30 Zip Country	4. FEI Number 65-0525357 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WATERS, GILBERT
 1751 MOUND STREET
 SUITE 105
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 1740 WISCONSIN LN
 83
 84 City SARASOTA FL 85 Zip Code 34239

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATERS, GILBERT	
STREET ADDRESS	1751 MOUND STREET, STE. 104	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STRODE, WILLIAM C	
STREET ADDRESS	720 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATERS, MICHAEL	
STREET ADDRESS	1751 MOUND STREET, STE. 104	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1740 WISCONSIN LN
1.4 CITY-ST-ZIP	SARASOTA FL 34239
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1740 WISCONSIN LN
3.3 STREET ADDRESS	SARASOTA, FL 34239
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (11/98)