

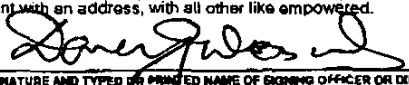


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90154 048 ***150.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N49564			
1. Entry Name AIRPORT PLAZA OWNERS ASSOCIATION, INC.			
Principal Place of Business 1740 WISCONSIN LN SARASOTA FL 34239		Mailing Address 136 GOLDEN GATE PT #102 SARASOTA FL 34236	
2. Principal Place of Business		3. Mailing Address 900 UNIVERSITY PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SARASOTA FL	
Zip	Country	Zip 34234	Country SARASOTA
6. Name and Address of Current Registered Agent WATERS, GILBERT 136 GOLDEN GATE PT #102 SARASOTA FL 34236		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
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 		DATE 4/29/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW! FEE IS \$61.25 Due By May 7, 2005		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	PD WATERS, GILBERT 1740 WISCONSIN LN SARASOTA FL 34239	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS STRODE, WILLIAM C 720 S. ORANGE AVE. SARASOTA FL 34236	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WATERS, MICHAEL 1740 WISCONSIN LN SARASOTA FL 34239	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ERICA CLANCY PRESIDENT 850 UNIVERSITY PARKWAY SARASOTA FL 34239	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DEVEN DESAI SECRETARY 900 UNIVERSITY PARKWAY SARASOTA FL 34234	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE 4/29/05	
Signature and typed or printed name of signing officer or director		Date	
		Daytime Phone #	