

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49564

FILED  
Aug 14, 2006  
Secretary of State

**Entity Name:** AIRPORT PLAZA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1740 WISCONSIN LN  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

900 UNIVERSITY PKWY  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-0525357      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WATERS, GILBERT  
136 GOLDEN GATE PT #102  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: STRODE, WILLIAM C  
Address: 720 S. ORANGE AVE.  
City-St-Zip: SARASOTA, FL 34236

Title: P ( ) Delete  
Name: CLANCY, ERICA  
Address: 850 UNIVERSITY PKWY  
City-St-Zip: SARASOTA, FL 34239

Title: S ( ) Delete  
Name: DESAI, DEVEN  
Address: 900 UNIVERSITY PKWY  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVENDESAI

SEC

08/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date