

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49564

FILED
May 16, 2007
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:

5459 FRUITVILLE ROAD
SARASOTA, FL 34232

Current Mailing Address:

900 UNIVERSITY PKWY
SARASOTA, FL 34236

New Mailing Address:

5459 FRUITVILLE ROAD
SARASOTA, FL 34232

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:

ADAMS, NICHOLA M
5459 FRUITVILLE ROAD
SARASOTA, FL 34232 US

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: NICHOLA M ADAMS

05/16/2007

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: P (X) Change () Addition
Name: ADAMS, NICHOLA M
Address: 5459 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34232

Title: DS (X) Change () Addition
Name: PATEL, PANKAJ
Address: 900 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA, FL 34234

Title: S (X) Change () Addition
Name: BRIDGES, JAMES E
Address: 11130 STATE BRIDGE ROAD, STE D-201
City-St-Zip: ALPHARETTA, GA 30022

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLA M ADAMS

P

05/16/2007

Electronic Signature of Signing Officer or Director

Date