


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 031 ****61.25

DOCUMENT # N49564

1. Entity Name
AIRPORT PLAZA OWNERS ASSOCIATION, INC.



Principal Place of Business
**5459 FRUITVILLE ROAD
 SARASOTA, FL 34232**

Mailing Address
**5459 FRUITVILLE ROAD
 SARASOTA, FL 34232**

40056644



2. Principal Place of Business - No P.O. Box #
960 University Parkway

3. Mailing Address
960 University Parkway

Suite, Apt. #, etc.

03082008 Chg-NP CR2E037 (12/06)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-0525357

Applied For
 Not Applicable

Zip Country
34234 USA

Zip Country
34234 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
WHITE, Thomas D.

Street Address (P.O. Box Number is Not Acceptable)
960 University Parkway

City
Sarasota FL Zip Code
34234

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  **Thomas D. White**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, NICHOLA M 5459 FRUITVILLE ROAD SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATEL, PANKAJ 900 UNIVERSITY PARKWAY SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIDGES, JAMES E 11130 STATE BRIDGE ROAD, STE D-201 ALPHARETTA, GA 30022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P White, Thomas D. 960 University Parkway Sarasota, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patel, Arunkumar Govind 900 University Parkway Sarasota, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patel, Prerana 900 University Parkway Sarasota, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Thomas D. White,
 President**

Date **3/28/08** Daytime Phone # **(239) 273-4999**