

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90267 019 ****61.25

DOCUMENT # N49564

1. Entity Name
AIRPORT PLAZA OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1740 WISCONSIN LN SARASOTA FL 34239 ~~1740 WISCONSIN LN SARASOTA FL 34239~~

11013395



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
136 GOLDEN GATE POINT

Suite, Apt. #, etc. Suite, Apt. #, etc.
102

City & State City & State
SARASOTA, FL

4. FEI Number **65-0525357** Applied For Not Applicable

Zip Country Zip Country
34236

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, GILBERT
~~1740 WISCONSIN LN SARASOTA FL 34239~~

Name
Street Address (P.O. Box Number is Not Acceptable)
136 GOLDEN GATE POINT
102
City **SARASOTA** FL Zip Code **34236**

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 _____
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATERS, GILBERT	
STREET ADDRESS	1740 WISCONSIN LN	
CITY-ST-ZIP	SARASOTA FL 34239	
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	1740 WISCONSIN LN	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE** *[Signature]*

4-22-03 9419570110

CR2E037 (10/02)