2004 NOT-FOR-PROF CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001314

1. Entity Name
PLUMOSA COMMERCIAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
150 FORTENBERRY RD VILLA A MERRITH ISLAND, FL 32952 US	335 SOUTH PLUMOSA ST. MERRITT ISLAND, FL 32952

01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3301842
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JANSON DAVIS
150 FORTEN BERRY RD VILLA A
4TH FLOOR
MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

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)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000106410
04/08/04-80014-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	WATSON, DUANE
STREET ADDRESS	335 SOUTH PLUMOSA ST.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	DAVIS, W. JANSON
STREET ADDRESS	335 SOUTH PLUMOSA ST.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	WATSON, JERI K
STREET ADDRESS	335 SOUTH PLUMOSA ST.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Duane Watson 4/5/04 321 459-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #