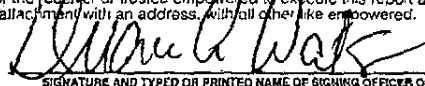


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001314 1. Entity Name PLUMOSA COMMERCIAL PLAZA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 150 FORTENBERRY RD VILLA A MERRITH ISLAND, FL 32952 US	Mailing Address 335 SOUTH PLUMOSA ST. MERRITT ISLAND, FL 32952	
DO NOT WRITE IN THIS SPACE		
 04042005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-3301842		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
5. 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 _____ 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, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WATSON, DUANE 335 SOUTH PLUMOSA ST. MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, W. JANSON 335 SOUTH PLUMOSA ST. MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JERI K 335 SOUTH PLUMOSA ST. 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		
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: 		4/04/05 (321) 459-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

U00000289251
04/06/05-80019-012 61.25

**DO NOT WRITE
IN THIS SPACE**