

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001314

FILED
Jun 30, 2009
Secretary of State

Entity Name: PLUMOSA COMMERCIAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

150 FORTENBERRY RD
VILLA A
MERRITH ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

335 SOUTH PLUMOSA ST.
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3301842 **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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: WATSON, DUANE
Address: 335 SOUTH PLUMOSA ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: DAVIS, W. JANSON
Address: 335 SOUTH PLUMOSA ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: WATSON, JERI K
Address: 335 SOUTH PLUMOSA ST.
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANSON DAVIS

D

06/30/2009

Electronic Signature of Signing Officer or Director

Date