


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90075 016 ****61.25

DOCUMENT # N96000002726

1. Entity Name
 PARC PLAZA SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
 1775 WASHINGTON AVENUE
 MIAMI BEACH, FL 33139

Mailing Address
 1775 WASHINGTON AVENUE
 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



07022007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0705280

Applied For
 Not Applicable

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

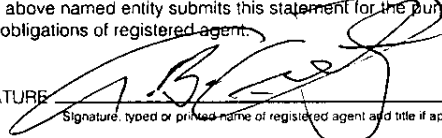
6. Name and Address of Current Registered Agent

DIETZ, ALAN P
 1775 WASHINGTON AVE.
 200
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 7/6/07

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 September 14, 2007

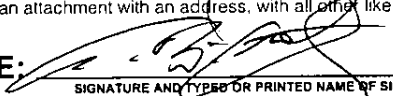
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIETZ, ALAN 1775 WASHINGTON AVE MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELENDEZ, MANNY 1775 WASHINGTON AVE MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDINGS, DENNIS 1775 WASHINGTON AVE MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FREEMAN, LLOYD 1775 WASHINGTON AVE MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MELAND, MANNY 1775 WASHINGTON AVE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HOLDINGS, DENNIS 1775 WASHINGTON AVE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FREEMAN, LLOYD 1775 WASHINGTON AVE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE 7/6/07 DAYTIME PHONE # 305 538 8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR