

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001163

FILED
Jan 25, 2005
Secretary of State

Entity Name: THE PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4507- FURLING LN.
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY, W
23
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 59-3483212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GELDER, JAY B
C/O EMERALD COAST ASSOC. MGT
10221 EMERALD COAST PKWY, W, S23
MIRAMAR BEACH, FL 32550 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: VP () Delete
Name: BOZEK, JAMES
Address: 1004 PANAFERIO DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: DST () Delete
Name: VIZZINA, DEBORAH
Address: 124 TUSCANY DRIVE
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: MCCORD, MAX
Address: 662 HWY 98 EAST, #550
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BECKER, LARRY
Address: 529 OLD HICKORY BLVD.
City-St-Zip: JACKSON, TN 38303

Title: DST (X) Change () Addition
Name: EARNEST, TERRY
Address: 225 TALQUIN COVE
City-St-Zip: DESTIN, FL 32541

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

Title: D () Change (X) Addition
Name: SPENCE, SUZY
Address: 340 SCENIC HWY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: D () Change (X) Addition
Name: REDMOND, SONNY
Address: 4640 PARADISE ISLES
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAX MCCORD

PD

01/25/2005

Electronic Signature of Signing Officer or Director

Date