2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 14, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # 1) 9900000 1385

1. Entity Nam	e	,0				-14-2008 900	•/ ∩67.∩35 ³	****61.2	5
PLAZA NORTH PROPERTY OWNERS			28			-14-2000 200	307 033	01.2	
ASSC	CIA TION INC		1						
Principal Place	e of Business	Mailing Address							
760	NORTH DR	760 NOR	TH DR			0.4.0			
STE		STE A		•	40068	940			
MELB	OURNE FL 32934	MELBOURN	E, FL 32	934		•			
2. Principal P	NORTH DRIVE	3. Mailing Address	TH DEIL	12					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<i>,</i>		ND	000000	(4.0(00)	
STE F		STE F			Chg-NP CR2E037 (12/06)				
City & State		City & State							plied For
	URUE, FL	MEL BOURNE			59-341	5311			t Applicable
Zip 3 293		32934	Country BREVA	RD	5. Certificate of St	atus Desired	1 1 7	8.75 Add ee Require	
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Re	gistered Ag	jent	·
RAT	HBUN, ADAM	(Name						
739 NORTH DRIVE, STE F				Address (I	P.O. Box Number is I	Not Acceptable)			
MELBOURNE, EL 32934			2::					1 2 . 0 . 4	
<u>'</u>			City	FL Zip Code					
	named entity submits this statement for	the purpose of changing its	registered office	or register	ed agent, or both, in	the State of Flori	da. I am fa	miliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .	-								
SIGNATORE.	Signature, typed or printed name of registered agent at	nd tale if applicable. (NOTI	E: Registered Agent sign	nature required	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent at		· · · · · · · · · · · · · · · · · · ·			Ma		navable to	
SIGNATURE :	Signature, typed or printed name of registered agent at	9. Election Car	E: Registered Agent sign mpaign Financing Contribution.		\$5.00 May Be Added to Fees		DATE ke check la Departn		
10.	Signature, typed or printed name of registered agent at OFFICERS AND DIRI	9. Election Car Trust Fund (mpaign Financing	<u> </u>	\$5.00 May Be	Floric	ke check la Departn S AND DIRE	nent of St	ate
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08 321-752~1199 Date Daytime Phone #