2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002556

1. Entity Name
PLAZA 27 PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2151-2157 US 27 S SEBRING, FL 33870 US	2151 US 27 SOUTH SEBRING, FL 33870 US

DO NOT WRITE IN THIS SPACE

01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3599348
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, ERIC K
2151 US 27 SOUTH
SEBRING, FL 33870

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, 2004

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

U00000105737
04/07/04-80037-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LOVETT, THOMAS C SR
STREET ADDRESS	2157 US 27 S
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	PD
NAME	MOORE, ERIC K
STREET ADDRESS	3730 CREEKSIDE DRIVE
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	STD
NAME	LOVETT, JR, THOMAS C
STREET ADDRESS	2157 US 27 SOUTH
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #