## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # N99000002556** PLAZA 27 PROPERTY OWNER'S ASSOCIATION, INC. Principal Place of Business \_\_ Mailing Address 2151-2157 US 27 S 2151 US 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33870 US 01062005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3599348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MOORE, ERIC K DO NOT WRITE 2151 US 27 SOUTH SEBRING, FL 33870 IN THIS SPACE 3. 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, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61,25 Trust Fund Contribution. Due by May 1, 2005 OFFICERS AND DIRECTORS 70. TITLE VĐ NAME LOVETT, THOMAS C SR STREET ADDRESS 2157 US 27 S CITY-ST-712 SEBRING, FL 33870 TITLE PD U00000310858 MASSE MOORE, ERIC K STREET ADDRESS 04/18/05-80021-007 51.25 3730 CREEKSIDE DRIVE CITY-ST-ZIP SEBRING, FL 33875 TITE F LOVETT, JR. THOMAS C STREET ADDRESS 2157 US 27 SOUTH DO NOT WRITE CITY-ST-ZIP SEBRING, FL 33870 IN THIS SPACE MAINE STREET ADDRESS CITY-ST-ZIP TITLE KAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stafed 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:

CITY-ST-ZP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Davtime Phone #

FILED