2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90190 008 ****61.25

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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

40054913

04112006 No Chg-NP CR2E037 (11/05)

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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

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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, 2006

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

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~~ 3604 CREEKSIDE DR.
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	

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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: _____ 04-11-06 863-385-1506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #