

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002556

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



Principal Place of Business

**2151-2157 US 27 S
SEBRING, FL 33870 US**

Mailing Address

**2151 US 27 SOUTH
SEBRING, FL 33870 US**



04202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

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	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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05/13/08-80057-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

863-385-5100

Daytime Phone #