

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002556

FILED  
Jun 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2151-2157 US 27 S  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

2151 US 27 SOUTH  
SEBRING, FL 33870 US

**New Mailing Address:**

2151-2157 US 27 S  
SEBRING, FL 33870 US

**FEI Number:** 59-3599348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: LOVETT, THOMAS C SR  
Address: 2157 US 27 S  
City-St-Zip: SEBRING, FL 33870

Title: PD ( ) Delete  
Name: MOORE, ERIC K  
Address: 3604 CREEKSIDE DR  
City-St-Zip: SEBRING, FL 33875

Title: STD ( ) Delete  
Name: LOVETT, JR, THOMAS C  
Address: 2157 US 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. LOVETT, JR.

STD

06/24/2009

Electronic Signature of Signing Officer or Director

Date