

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005448

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: PLAZA 1300 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1314 CAPE CORAL PARKWAY  
207  
CAPE CORAL, FL 339049643 US

**New Principal Place of Business:**

**Current Mailing Address:**

1314 CAPE CORAL PARKWAY  
207  
CAPE CORAL, FL 339049643 US

**New Mailing Address:**

FEI Number: 65-0105138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EVENSON, SCOTT T  
1314 CAPE CORAL PKWY  
#207  
CAPE CORAL, FL 339049643 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: TD ( ) Delete  
Name: EVENSON, SCOTT T  
Address: 12121 CLOVER DRIVE  
City-St-Zip: FORT MYERS, FL 33905 US

Title: VP ( ) Delete  
Name: HAGENBUCKLE, STEVE  
Address: 1314 CAPE CORAL PKWY # 321  
City-St-Zip: CAPE CORAL, FL 339049646 US

Title: S ( ) Delete  
Name: BRANDT, DAVID  
Address: 1314 CAPE CORAL PARKWAY, SUITE # 209  
City-St-Zip: CAPE CORAL, FL 339049646 US

**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: SCOTT T. EVENSON

TD

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date