Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90048 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087612

1. Corporation Name

PLAZA DE FLORES REALTY CORPORATION

Principal Place	e of Business	Mailing Address									
4200 CENTRAL	SARASOTA PKWY	4200 CENTRAL SARASOTA	4200 CENTRAL SARASOTA PKWY								
CLUBHOUSE		CLUBHOUSE						DO MOTIME	**	CDAOE	
SARASOTA FL 34238		SARASOTA FL 34238					DO NOT WRITE IN THIS SPACE				
U\$		US				3.	. Date Incorporat	ed or Qualifed			
							10/09/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4.	. FEI Number				plied For
21	·	26					65-0796937			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					. Certifcate of Sta	atus Desired		\$8.75 A	
22	•	27					. Certificate of Git	itas Desirea		Fee Re	quired
City & State		City & State				6.	. Election Campa	ign Financing		\$5.00	May Be
23		28				- 1	Trust Fund Con	tribution	<u> </u>	Added to	o Fees
Zip	Country	Zip	Cou	ntry		8.	. This corporation	owes the cur	rent year Inta	angible	ار
24	25	29	30				Personal Prope	rty Tax.	•	☐ Yes	No
	9. Name and Address of Current		1551		_	10	. Name and Add	ress of New	Registered /	Agent	
				81	Name	,					
ICAR	D MERRILL CULLIS TIMM FUREI	N ET AL		Ш							
2033	MAIN STREET STE 600			82	Street	t Address (I	P.O. Box Number	is Not Accept	(able)		
SAR	ASOTA FL 34237			83	_						
O 7 (7 a)				03						_	
				84	City				FI	85 Zip (Code
44 0	to the provisions of Sections 607.050	2 and 607 1509 Florida Status	toe the a	boye	-named	d corporatio	n submits this sta	atement for the	e purpose of a	changing its	registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was a	authorized	ı by '	tne corp	poration's b	oard of directors.	I hereby acce	pt the appoin	itment as re	gistered .
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida State	utes.	•						
SIGNATURE									DATE		
		(NOTE: Registered Agent signature req				ADDITIONS/CH/	NICES TO O		D DIRECTO	RS IN 12	
12.		D DIRECTORS DELETE	13.	n #				NGES TO CI	TIOLING AIN	☐ Change	Addition
TITLE	D DDV4440 DOGG 4	Anere ie	1,1 ™			Presid	4 1 1 1 1 1 /				4
NAME	BRYANS, ROSS A.		1.2 N			24	work Tanian.	Tmil-	Suite ?	SLO.	
STREET ADDRESS	835 S OSPREY AVE #212		1.3 ST	REET	ADDRESS	ه احد ∕ن.	immian.		-		
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CI	TY-\$1	r-zip	Jac	4,0102 A	<u> </u>	(200		-
πιε		☐ DELETE	2.1 TF	ΠE						Change	Addition
NAME			2.2 N	AME							
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CITY-ST-ZIP			2.4C	rry-s	T- ZIP	İ					
TITLE		☐ DELET E	DELETE 3.1 TI							Change	☐ Addition
			3.2 N	∆MF		1		•			1
NAME					ADDRESS						
STREET ADDRESS						9					
CITY-ST-ZIP		☐ DELETE	3.4. C	_	T-ZIP	+	<u>·</u>			Change	Addition
TITLE		☐ DELETE	4.1 ∏					,		Onlange	
NAME			4.2 N	AME							
STREET ADDRESS	is		4.3 ST	REET	ADDRESS	s				•	
CITY-ST-ZIP			4.4 CI	TY-SI	T-ZIP						
TITLE		☐ DELETE	5.1 TT	TLE						Change	☐ Addition
NAME			5.2 NA	AME		-		•	7		
STREET ADDRESS			5.3 ST	TREET	ADDRESS	s		•			
CITY-ST-ZIP			5.4 CI	TY-S1	T-ZIP						
TITLE		☐ DELETE	6.1 TT	TLE					.,	☐ Change	☐ Addition
		· 	6.2 N	AME						=	
NAME			- 1		ADDRESS	s .		•			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR DINITED NAME OF SIGNING OFFICER OR DIRECTOR

Jet 18/99

Daytime Phone #

32E034 (11/98)