

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719094

**FILED**  
**Apr 02, 2013**  
**Secretary of State**  
**CC6800009868****Entity Name:** CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, INC.**Current Principal Place of Business:**1849 S OCEAN DR  
HALLANDALE, FL 33009**Current Mailing Address:**1849 S OCEAN DR  
HALLANDALE, FL 33009**FEI Number: 59-1355519****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MESCHKOW, ALAN  
1849 S OCEAN DR  
610  
HALLANDALE, FL 33009 US*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**Officer/Director Detail :**

Title	P
Name	MESCHKOW, ALAN
Address	1849 S. OCEAN DR. # 610
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	QUINTERO, MARIA
Address	1849 S OCEAN DR # 0315
City-State-Zip:	HALLANDALE FL 33009

Title	S
Name	HAHN, HENRY
Address	1849 S OCEAN DRIVE # 1602
City-State-Zip:	HALLANDALE FL 33009

Title	T
Name	ZEMEL, GREGORY
Address	1849 S. OCEAN DRIVE # 807
City-State-Zip:	HALLANDALE FL 33009

Title	AT
Name	MAYA, MARSHA
Address	1849 S. OCEAN DRIVE # 503
City-State-Zip:	HALLANDALE FL 33009

Title	AS
Name	GRACE, REYNOLDS
Address	1849 S. OCEAN DRIVE # 911
City-State-Zip:	HALLANDALE FL 33009

*I hereby 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 all other like empowered.*

**SIGNATURE: MESCHKOW,ALAN****PRESIDENT****04/02/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date