

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755704

**Entity Name:** PROCTOR PLAZA ASSOCIATION, INC.

**FILED**  
**Feb 03, 2022**  
**Secretary of State**  
**6769638753CC**

**Current Principal Place of Business:**

7707 US HWY 1  
SUITE #10  
VERO BEACH, FL 32967

**Current Mailing Address:**

7707 US HWY 1  
SUITE #10  
VERO BEACH, FL 32967

**FEI Number: 59-2264093**

**Certificate of Status Desired: No**

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

WELTON, KELLY J  
7707 US 1  
STE. 10  
VERO BEACH, FL 32967 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 DIRECTOR  
Name JOHNSON, CINDY  
Address 7707 US HWY 1  
SUITE 4  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name HOW, SANDRA  
Address 7707 US HWY 1  
SUITE 6  
City-State-Zip: VERO BEACH FL 32967

Title PRESIDENT  
Name WELTON, KELLY J  
Address 7707 US HWY 1  
SUITE 9 & 10  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name CRISEL CREATIONS, LLC  
Address 7707 US HWY 1  
SUITE 8  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name TOWN OF ORCHID  
Address 7707 US HWY 1  
SUITE #1  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name CORRIE, BRENT  
Address 7707 US HWY 1  
SUITES 2 & 3  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name MCLAUGHLIN, JAMES  
Address 7707 US HWY 1  
SUITE 7  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name HELP U GET IT HOME DELIVERIES &  
RECEIVING/BUSY BEE BINS INC  
Address 7707 US HWY 1  
SUITE 5  
City-State-Zip: VERO BEACH FL 32967

*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: KELLY WELTON**

**REGISTERED AGENT**

**02/03/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date