COR	PROFIT PORATION JAL REPORT	H ORIDA S DIVISK	DEPARTMENT OF STATE Sandra B Mortham Socretary of State ON OF CORPORATIONS		
1. Corporation	EAU VILLAGE PLAZA, INC		3)		
Principal Place 600 ELMWO HARAHAN L US	OD PK BLVD	Mailing Address 600 ELMWOOD HARAHAN LA 7 US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla 21	ace of Business	2a. Mailing Addres	SS	03/30/1982 4. FEI Number 74-2227952	06/20/1995 Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, 6	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip 24	Country 25	Ζ(p)	Country 30	Trust Fund Contribution 8. This corporation has liability for Florida Statutes X Yes	Added to Fees
KEENEY, MICHAEL D 7032 REGENCY TOWERS DESTIN FL 32541 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 63 OF ULFS HORE DRIVE, #1023 84 City DESTIN 85 Zip Code 30.54 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	Signature, typica or printed name of registered agent		(NOTE: Brigistured Agent signature in	squired when reinstating)	DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENEY, MICHAEL D 5521 REBECCA BLVD KENNER LA	O DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	ADDITIONS/CHANGES TO OFF	Change Addition 46000000000000000000000000000000000000
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S KEENEY, CECIL M. 7032 REGENCY TOWERS DESTIN FL	₩ DELFE	2 1 TITLE	S KEENEY, CECIL M. 900 GULFSHORE DRIVE DESTIN FL 33541	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		[] סנונזו	3.2 NAME 3.3. STREET ADDRESS 3.4 CHY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	5 1 TITLE 5 2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-712		☐ Change ☐ Addition
NAME STREET ADDRESS CHY-ST-ZIP 14. I do hereby	certify that the information supplied v	☐ DELFTE of this filing is voluntarily	6 1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP	fy for the exemption stated in Section 119.	Change Addition O7(3)(k), Florida Statutes Uturther
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SQUING OFFICER OR DIRECTOR Over the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SQUING OFFICER OR DIRECTOR Degrame Proce if					