


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90052 007 \*\*\*\*61.25

**DOCUMENT # N28028**  
 1. Entity Name  
**PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>4475 U.S. 1 SOUTH<br/>         #601<br/>         ST.AUGUSTINE, FL 32086-2139</b> | Mailing Address<br><b>815 S MAIN ST<br/>         #100<br/>         JACKSONVILLE, FL 32207-8140 US</b> |
|--|---|

**94015236**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01262004 Chg-NP CR2E037 (10/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-3090700</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**GEIGER, JOHN R P.A**  
**4475 US 1 SOUTH**  
**#406**  
**SAINT AUGUSTINE, FL 32086**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|--|------------------------------------|--|

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PERKOVICH, KEN<br>67 EGRET TR.<br>PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>SUDDATH, JULIA A<br>815 S MAIN ST<br>JACKSONVILLE, FL 322078140 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PAULINE BARKER<br>3761 ARROWHEAD DRIVE<br>SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BUNKELMAN, ANGELA<br>4475 US 1 SOUTH #601<br>SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPI D<br>JOE PERKOVICH<br>67 EGRET TR<br>PALM COAST FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PI D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Julia A Suddath Julia A Suddath 2-4-04 9048907173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #