


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-12-2008 90017 032 ****61.25

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



Principal Place of Business
 4475 U.S. 1 SOUTH #504
 ST.AUGUSTINE, FL 32086-2139 US

Mailing Address
 815 S MAIN STREET
 C/O JULIA SUDDATH
 JACKSONVILLE, FL 32207 US

66003056



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3090700

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 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

DO NOT WRITE IN THIS SPACE

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 registering) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	SUDDATH, JULIA A
STREET ADDRESS	815 S MAIN ST
CITY-ST-ZIP	JACKSONVILLE, FL 322078140
TITLE	S
NAME	BARKER, PAULINE
STREET ADDRESS	3761 ARROWHEAD DRIVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	PD
NAME	BUNKELMAN, ANGELA
STREET ADDRESS	4475 US 1 SOUTH #504
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	VPD
NAME	RANNE, MICHEAL D
STREET ADDRESS	815 S MAIN ST
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/6/08 904 390 7173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Julia A Suddath