

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28028

FILED
Jan 26, 2009
Secretary of State

Entity Name: PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4475 U.S. 1 SOUTH
#504
ST.AUGUSTINE, FL 320862139 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3090700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SUDDATH, JULIA A
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 322078140 US

Title: S () Delete
Name: BARKER, PAULINE
Address: 3761 ARROWHEAD DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: PD () Delete
Name: BUNKELMAN, ANGELA
Address: 4475 US 1 SOUTH #504
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD () Delete
Name: RANNE, MICHEAL D
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIA A SUDDATH

DT

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date