

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28028 (1)**
1. Corporation Name
PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4475 U.S. 1 SOUTH SUITE 201 ST. AUGUSTINE FL 32086-2139**
Mailing Address: **1093 A1A BEACH BOULEVARD SUITE 299 ST. AUGUSTINE FL 32084 US**

3. Date Incorporated or Qualified: **08/24/1988**
3a. Date of Last Report: **06/13/1995**
4. FEI Number: **59-3090700**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 1914 Beachway Rd**
Suite, Apt. #, etc.: **27 Ste 3-0**
City & State: **28 JACKSONVILLE FL**
Zip: **29 32207**

9. Name and Address of Current Registered Agent
**BAILEY, JOHN D., JR.
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when non-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCARDI, JIM	12 NAME	
STREET ADDRESS	4475 U.S. HWY. 1 S.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MARIA	22 NAME	JULIA A Suddath
STREET ADDRESS	1093 A1A BEACH BOULEVARD, SUITE 299	23 STREET ADDRESS	1914 Beachway Rd Ste 3-0
CITY-ST-ZIP	ST. AUGUSTINE FL	24 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	VPD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER KENDZOR	32 NAME	
STREET ADDRESS	4475 US HWY 1 SOUTH UNIT 403	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULINE BARKER	42 NAME	
STREET ADDRESS	4475 US HWY 1 SOUTH UNIT 303	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julia A Suddath Julia A Suddath 2-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
904 399 1553

CR2E037 (12/95)