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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

4475 U.S. 1 SOUTH
SUITE 201
ST.AUGUSTINE FL 32086-2139

1914 BEACHWAY RD
STE 3-0
JACKSONVILLE FL 32207-2358
US

3. Date Incorporated or Qualified
08/24/1988

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3090700

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, JOHN D., JR.
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME ZUCCARDI, JIM
STREET ADDRESS 4475 U.S. HWY. 1 S.
CITY - ST - ZIP ST. AUGUSTINE FL

1.1 TITLE VICE PRESIDENT Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE TD DELETE
NAME SUDDATH, JULIA A
STREET ADDRESS 1914 BECHWAY RAD, STE 3-0
CITY - ST - ZIP JACKSONVILLE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VPD DELETE
NAME ROGER KENDZOR
STREET ADDRESS 4475 US HWY 1 SOUTH UNIT 403
CITY - ST - ZIP ST.AUGUSTINE FL 32086

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE SD DELETE
NAME PAULINE BARKER
STREET ADDRESS 4475 US HWY 1 SOUTH UNIT 303
CITY - ST - ZIP ST.AUGUSTINE FL 32086

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME MICHEAL D RANNE
5.3 STREET ADDRESS 1251 GLENGARRY RD
5.4 CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 4/24/97 8991553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #00000000

CFR2E037 (9/96)