| Entity Name: PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.  |   |                          | Secretary                                 | Secretary of State<br>5058997193CC |  |
|---|---|--------------------------|---|------------------------------------|--|
| Current Prin  | ncipal Place of Business:   |                          |   |                                    |  |
| 4755 US1 S<br>ST. AUGUSTIN  | IE, FL 32086  |                          |   |                                    |  |
|   |   |                          |   |                                    |  |
| Current Mai   | ling Address:   |                          |   |                                    |  |
| P.O. BOX 86   |   |                          |   |                                    |  |
| ST. AUGUS   | TINE, FL 32086 US   |                          |   |                                    |  |
| FEI Number  | : 59-3090700  |                          | Certificate of Status Des                 | ired: No                           |  |
|   | Address of Current Registered Agent:  |                          | Certificate of Status Des                 | neu. No                            |  |
|   | GEMENT GROUP OF NE FLORIDA LLC  |                          |   |                                    |  |
|   |   |                          |   |                                    |  |
| 5448 2ND STR  |   |                          |   |                                    |  |
|   | E, FL 32080 US  |                          |   |                                    |  |
| ST AUGUSTIN   |   | stered office or regis   | tered agent, or both, in the State of Flo | orida.                             |  |
| ST AUGUSTIN   | E,FL 32080 US   | stered office or regis   | tered agent, or both, in the State of Flo | orida.<br>03/17/2022               |  |
| ST AUGUSTIN   | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its regi  | stered office or regis   | tered agent, or both, in the State of Flo |                                    |  |
| ST AUGUSTIN   | E, FL 32080 US d entity submits this statement for the purpose of changing its regines E: APRIL M JOHNSTON Electronic Signature of Registered Agent   | stered office or regis   | tered agent, or both, in the State of Flo | 03/17/2022                         |  |
| ST AUGUSTIN   | E, FL 32080 US d entity submits this statement for the purpose of changing its regines E: APRIL M JOHNSTON Electronic Signature of Registered Agent   | stered office or regis   | tered agent, or both, in the State of Flo | 03/17/2022                         |  |
| ST AUGUSTIN   | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its regines<br>E: <u>APRIL M JOHNSTON</u><br>Electronic Signature of Registered Agent<br>ctor Detail :  |                          |   | 03/17/2022                         |  |
| ST AUGUSTIN   | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its reginerations<br>EI APRIL M JOHNSTON<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>P  | Title                    | S   | 03/17/2022                         |  |
| ST AUGUSTIN<br>The above named<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name  | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its regis<br>E: <u>APRIL M JOHNSTON</u><br>Electronic Signature of Registered Agent<br><b>Ctor Detail :</b><br>P<br>ROBINS, ELIZABETH<br>P.O. BOX 860152  | Title<br>Name            | S<br>WEST, JULIE<br>P.O. BOX 860152       | 03/17/2022                         |  |
| ST AUGUSTIN<br>The above named<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address   | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its regis<br>E: <u>APRIL M JOHNSTON</u><br>Electronic Signature of Registered Agent<br><b>Ctor Detail :</b><br>P<br>ROBINS, ELIZABETH<br>P.O. BOX 860152  | Title<br>Name<br>Address | S<br>WEST, JULIE<br>P.O. BOX 860152       | 03/17/2022                         |  |
| ST AUGUSTINI<br>The above named<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:                           | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its regis<br>E <u>APRIL M JOHNSTON</u><br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>P<br>ROBINS, ELIZABETH<br>P.O. BOX 860152<br>ST. AUGUSTINE FL 32086                                  | Title<br>Name<br>Address | S<br>WEST, JULIE<br>P.O. BOX 860152       | 03/17/2022                         |  |
| ST AUGUSTIN<br>The above name<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title                    | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its regis<br>E: <u>APRIL M JOHNSTON</u><br>Electronic Signature of Registered Agent<br><b>ctor Detail :</b><br>P<br>ROBINS, ELIZABETH<br>P.O. BOX 860152<br>ST. AUGUSTINE FL 32086<br>TREASURER             | Title<br>Name<br>Address | S<br>WEST, JULIE<br>P.O. BOX 860152       | 03/17/2022                         |  |
| ST AUGUSTIN<br>The above name<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | E, FL 32080 US<br>d entity submits this statement for the purpose of changing its regis<br>E <u>APRIL M JOHNSTON</u><br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>P<br>ROBINS, ELIZABETH<br>P.O. BOX 860152<br>ST. AUGUSTINE FL 32086<br>TREASURER<br>WHEELER, SHELLEY | Title<br>Name<br>Address | S<br>WEST, JULIE<br>P.O. BOX 860152       | 03/17/2022                         |  |

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28028

I hereby 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 all other like empowered.

SIGNATURE: JULIE WEST

SECRETARY

03/17/2022

FILED Mar 17, 2022

Electronic Signature of Signing Officer/Director Detail