

DOCUMENT # N28028

1. Entity Name

PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90012 024 ****61.25

Principal Place of Business 4475 U.S. 1 SOUTH SUITE 201 ST.AUGUSTINE FL 32086-2139	Mailing Address 1914 BEACHWAY RD STE 3-0 JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 601	3. Mailing Address Suite, Apt. #, etc. 100
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City & State JACKSONVILLE FL	4. FEI Number 59-3090700	Applied For <input type="checkbox"/> Not Applicable
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Zip 32207-8140	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

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

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	ROBINS, DR PERRY	<input type="checkbox"/> Delete
STREET ADDRESS	530 1ST AVE, STE 711	
CITY-ST-ZIP	NEW YORK NY 10016	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VTD	<input type="checkbox"/> Delete
STREET ADDRESS	SUDDATH, JULIA A	
CITY-ST-ZIP	1914 BEACHWAY RD, STE 3-0 JACKSONVILLE FL 32207	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	915 S. MAIN ST
CITY-ST-ZIP	JACKSONVILLE FL 32207-8140

TITLE	SD	<input type="checkbox"/> Delete
STREET ADDRESS	PAULINE BARKER	
CITY-ST-ZIP	4475 US HWY 1 SOUTH UNIT 303 ST.AUGUSTINE FL 32086	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> Delete
STREET ADDRESS	RANNE, MICHEAL	
CITY-ST-ZIP	1251 GLENGARRY RD JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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 DATE: 1-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904 3907173

CR2E037 (10/00)

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