

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90019 046 ****61.25

DOCUMENT # N28028

1. Entity Name

PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4475 U.S. 1 SOUTH
 #601
 ST.AUGUSTINE FL 32086-2139**

**815 S MAIN ST
 #100
 JACKSONVILLE FL 32207-8140
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3090700

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

John R Geiger PA

Street Address (P.O. Box Number is Not Acceptable)

4475 US 1 SOUTH # 406

ST Augustine

City

FL

Zip Code

32086

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** Delete
 NAME **ROBINS, DR PERRY**
 STREET ADDRESS **530 1ST AVE, STE 711**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTD** Delete
 NAME **SUDDATH, JULIA A**
 STREET ADDRESS **815 S MAIN ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32207-8140**

TITLE **D T** Change Addition
 NAME
 STREET ADDRESS
 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**

TITLE **S** Change Addition
 NAME **BARKER, Pauline**
 STREET ADDRESS **3761 Arrowhead Dr**
 CITY-ST-ZIP **St Augustine FL 32086-5801**

TITLE **PD** Delete
 NAME **RANNE, MICHAEL**
 STREET ADDRESS **1251 GLENGARRY RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V P D** Change Addition
 NAME **Bunkelman, Angela**
 STREET ADDRESS **4475 US 1 S #601**
 CITY-ST-ZIP **St Augustine FL 32086**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P. D** Change Addition
 NAME **Perkovich, Ken**
 STREET ADDRESS **47 Egret TR**
 CITY-ST-ZIP **Palm Coast FL 32164**

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: **SIGNATURE REQUIRED Seal D**

4/16/02 904 390 7173

CR2E037 (9/01)