

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746697 (2)
1. Corporation Name
THE PLACIDO GARDENS CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business 10033 9TH ST N ST PETERSBURG FL 33713	Mailing Address 10033 9TH ST N ST PETERSBURG FL 33713
---	---

3. Date Incorporated or Qualified 04/10/1979	3a. Date of Last Report 04/26/1994
4. FEI Number 59-1948825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
RAMPART PROPERTIES, INC.
10033 9TH ST N.
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent
81 Name PROPERTY ASSET MANAGEMENT / WARREN SCHOB
82 Street Address (P.O. Box Number is Not Acceptable)
8141 54th Ave. N.
83
84 City ST. PETERSBURG FL 85 Zip Code 33709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Warren Schob* WARREN J. SCHOB, PROP. MGR 3/15/95
Signature (hand or printed) of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FITZGERALD, EDNA
STREET ADDRESS	4435 1ST ST NE 306
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VPO
NAME	STANLEY WHEATLNAD
STREET ADDRESS	4435 FIRST ST NE #309
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD
NAME	FITZGERALD, BERNARD
STREET ADDRESS	4435 FIRST ST NE #308
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	FD
NAME	MISKOVIC, LILY
STREET ADDRESS	4435 FIRST ST NE #104
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DS
NAME	AYDELOTT, FRANCES
STREET ADDRESS	4435 1ST ST NE 305
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D TRIPPI, MARY
4.3 STREET ADDRESS	4435 FIRST ST NE #104
4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Bernard Fitzgerald* 813-546-2485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #