

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **10033 9TH ST N ST PETERSBURG FL 33713**
Mailing Address: **8141 54TH AVE. N. ST. PETERSBURG FL 33709 US**

3. Date Incorporated or Qualified: **04/10/1979**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business: **21 4435 1st St. NE**
Suite, Apt. #, etc.: **22 300**
City & State: **23 St. Petersburg**
Zip: **24 33703** Country: **25**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **59-1948825**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee 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
**PROPERTY ASSET MANAGEMENT/WARREN SCHOB
8140 54TH AVE. N.
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent
81 Name: **ANDREA GENNARI**
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 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: *Andreas Jozani* *Andrea Gennari* **1/29/96**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FITZGERALD, EDNA	
STREET ADDRESS	4435 1ST ST NE 306	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STANLEY WHEATLAND	
STREET ADDRESS	4435 FIRST ST NE #309	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZGERALD, BERNARD	
STREET ADDRESS	4435 FIRST ST NE #306	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRIPPI, MARY	
STREET ADDRESS	4435 FIRST ST. NE #104	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	AYDELOTT, FRANCES	
STREET ADDRESS	4435 1ST ST NE 305	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDNA FITZGERALD	
1.3 STREET ADDRESS	4435 1ST ST NE #306	
1.4 CITY-ST-ZIP	ST PETERSBURG, FL, 33703	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STANLEY WHEATLAND	
2.3 STREET ADDRESS	4435 1ST ST. N.E. #309	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERNARD FITZGERALD	
3.3 STREET ADDRESS	4435 1ST ST. N.E. #306	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	600001740896	
4.4 CITY-ST-ZIP	-03/13/96--01024--026 ***61.25	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANCES AYDELOTT	
5.3 STREET ADDRESS	4435 1ST ST NE 305	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
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: *Edna Fitzgerald* EDNA FITZGERALD **2/8/96 813-527-6386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)

PS 3/12/96