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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business	Mailing Address
4435 FIRST ST NE #306 ST PETERSBURG FL 33713	8141 54TH AVE. N. ST. PETERSBURG FL 33709-7054 US

3. Date Incorporated or Qualified 04/10/1979	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1948825	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt #, etc	Suite, Apt #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDREA GENNARI 8141 54TH AVENUE ST. PETERSBURG FL 33709		81 Name SUSAN HIOTT	85 Zip Code 33709
		82 Street Address (P.O. Box Number is Not Acceptable) c/o PROPERTY ASSET MANAGEMENT	
		83 8141 54th AVENUE N	
		84 City ST. PETERSBURG FL	

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 *Susan Hiott* DATE **3-3-97**
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, EDNA	1.2 NAME	
STREET ADDRESS	4435 FIRST ST NE #306	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEATLAND, STANLEY	2.2 NAME	
STREET ADDRESS	4435 FIRST ST NE #309	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, BERNARD	3.2 NAME	
STREET ADDRESS	4435 FIRST ST NE #306	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYDELOTT, FRANCES	4.2 NAME	
STREET ADDRESS	4435 FIRST ST NW #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Susan Hiott* DATE **2-7-97** DAYTIME PHONE # **546-2485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)