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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746697

1. Corporation Name
THE PLACIDO GARDENS CONDOMINIUM ASSOCIATION, INC

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/10/1979	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-1948825	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SORENSEN, LYN 8141 54TH AVE N ST. PETERSBURG FL 33709				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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: *[Signature]* DATE: 3-16-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	VPD	2.1 TITLE	VP
NAME	WHEATLAND, STANLEY	2.2 NAME	FRANK ELMENDORF
STREET ADDRESS	4435 FIRST ST NE #309	2.3 STREET ADDRESS	4435 FIRST ST NE #209
CITY-ST-ZIP	ST PETERSBURG FL 33703	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	SD	3.1 TITLE	SAROLE RABENECK
NAME	AYDELOTT, FRANCES	3.2 NAME	4435 FIRST ST NE #308
STREET ADDRESS	4435 FIRST ST NW #305	3.3 STREET ADDRESS	ST PETERSBURG FL 33703
CITY-ST-ZIP	ST. PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BAMMERGER, JENNIE	4.2 NAME	EDNA FITZGERALD
STREET ADDRESS	4435 FIRST ST NE #211	4.3 STREET ADDRESS	4435 FIRST ST NE #306
CITY-ST-ZIP	ST PETERSBURG FL 33703	4.4 CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE		5.1 TITLE	D SHARLENE NIXON
NAME		5.2 NAME	4435-1st ST. NE # 307
STREET ADDRESS		5.3 STREET ADDRESS	ST. PETERSBURG, FL 33703
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE: 3/12/99 DAYTIME PHONE: 527-6388

CR2E037 (11/98)