

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90003 032 \*\*\*\*61.25

**DOCUMENT # 746697**

1. Entity Name  
**THE PLACIDO GARDENS CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business Mailing Address  
 1000 FIRST ST NE #306 8141 54TH AVE. N  
 ST PETERSBURG FL 33713 ST. PETERSBURG FL 33709-7054  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 4. FEI Number **59-1948825** Applied For Not Applicable

Zip Country Zip Country  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SORENSEN, LYN**  
**8141 54TH AVE N**  
**ST. PETERSBURG FL 33709**

7. Name and Address of New Registered Agent  
 Name **SUSAN MYERS GARCIA**  
 Street Address (P.O. Box Number is Not Acceptable) **8141 54th AVENUE N**  
 City **ST. PETERSBURG FL** Zip Code **33709**

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.

*Susan Garcia*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-6-00  
 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**

OFFICERS AND DIRECTORS

PD FITZGERALD, EDNA 4435 FIRST ST NE #306 ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
VPD ELMENDORF, FRANK 4435 1ST ST NE #209 ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
S RABENECK, CAROLE 4435 1ST ST NE #308 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TD FITZGERALD, EDNA 4435 1ST ST NE #306 ST PETERSBURG FL	<input type="checkbox"/> Delete
D NIXON, SHARLENE 4435 1ST ST NE #3047 ST PETERSBURG FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D JENNIE BAMBERGER 4435 1st STREET N.E., #211 ST. PETERSBURG, FL. 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edna Fitzgerald* EDNA FITZGERALD 4-13-00 546 2485  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)