

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0061793

DOCUMENT # 746697

1. Entity Name

THE PLACIDO GARDENS CONDOMINIUM ASSOCIATION, INC

03-21-2001 90063 017 ****61.25

Principal Place of Business 4435 FIRST ST NE #306 ST PETERSBURG FL 33713	Mailing Address 8141 54TH AVE. N. ST. PETERSBURG FL 33709 US
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C0036384



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1948825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, SUSAN M
8141 54TH AVENUE N
ST. PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

Name: **Van Vulpen, Anna**
 Street Address (P.O. Box Number is Not Acceptable):
8141 54th Ave. N.
 City: **St. Petersburg, FL** Zip Code: **33709**

8. 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.

SIGNATURE: *Anna Van Vulpen* DATE: **2-21-01**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, EDNA 4435 FIRST ST NE #306 ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELMENDORF, FRANK 4435 1ST ST NE #209 ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RABENECK, CAROLE 4435 1ST ST NE #308 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZGERALD, EDNA 4435 1ST ST NE #306 ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete <i>Edna Fitz Gerald EDNA FITZ</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, SHARLENE 4435 1ST ST NE #3047 ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAMBERGER, JENNIE 4435 1ST STREET NE #211 SAINT PETERSBURG FL 33703	<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	Carole Rabeneck, Treas. 4435 1st St. N.E. #308 St. Petersburg FL 33703	<input checked="" 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

12. 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* DATE: **3/16/2001** DAYTIME PHONE: **727-527-6386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (10/00)