

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90025 043 ****61.25

DOCUMENT # 746697

1. Entity 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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1948825

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN VULPEN, ANNA
 8141 54TH AVENUE N
 ST. PETERSBURG FL 33709**

Name **SEAN M. FOLEY**

Street Address (P.O. Box Number is Not Acceptable)

8141 54th AVENUE 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

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.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **FITZGERALD, EDNA**
 STREET ADDRESS **4435 FIRST ST NE #306**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **ELMENDORF, FRANK**
 STREET ADDRESS **4435 1ST ST NE #209**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE **VP** Change Addition
 NAME **HELEN LOUER**
 STREET ADDRESS **4435 1st STREET NE #301**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **S** Delete
 NAME **RABENECK, CAROLE**
 STREET ADDRESS **4435 1ST ST NE #308**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **RABENECK, CAROLE**
 STREET ADDRESS **4435 1ST ST N E # 308**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NIXON, SHARLENE**
 STREET ADDRESS **4435 1ST ST NE #3047**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAMBERGER, JENNIE**
 STREET ADDRESS **4435 1ST STREET NE #211**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Edna Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)