

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746697

FILED
Mar 13, 2009
Secretary of State

Entity Name: THE PLACIDO GARDENS CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

4435 FIRST STREET NE
ST PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

5901 US 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-1948825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUER, HELEN PD
Address: 4435 1ST STREET NE, #301
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VD () Delete
Name: FITZGERALD, EDNA VD
Address: 4435 1ST STREET NE, #306
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: SD () Delete
Name: REDA, JACKI SD
Address: 4435 1ST STREET NE #107
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: RABENECK, KARL
Address: 4435 1ST STREET NE, #308
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN LOUER

PD

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date