

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 20 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757689 (5)

1. Corporation Name

PLACE ONE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**12228 N 58TH ST
TEMPLE TERRACE FL 33617
US** **12228 N 58TH ST
TEMPLE TERRACE FL 33617
US**

3. Date Incorporated or Qualified **04/23/1981** 3a. Date of Last Report **03/24/1994**
4. FEI Number **50-2120184** Applied For Not Applicable

2. Principal Place of Business 2e. Mailing Address
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MOYER, BOB
12228 N 58TH ST
TAMPA FL 33617**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Handwritten or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KANTER, FRED
STREET ADDRESS	7515-B PITCH PINE CIRCLE
CITY- ST- ZIP	TAMPA FL
TITLE	VD
NAME	WILSON, BEATRICE
STREET ADDRESS	5504-B LOB LOLLY CT.
CITY- ST- ZIP	TAMPA FL
TITLE	TD
NAME	QUINN, THANA
STREET ADDRESS	5504-A POKEWEED COURT
CITY- ST- ZIP	TAMPA FL
TITLE	SD
NAME	BRIMBLECOMB, DAVID
STREET ADDRESS	75043 PRESLEY PL
CITY- ST- ZIP	TAMPA FL
TITLE	SD
NAME	WRIGHT, KEVIN
STREET ADDRESS	7606-A ABBEY LANE
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEATRICE LAWTON	
2.3 STREET ADDRESS	5501-A LOBLOLLY CT.	
2.4 CITY- ST- ZIP	TAMPA, FL 33617	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANITA SHEMBOKAR	
3.3 STREET ADDRESS	7505-C PITCH PINE CIRCLE	
3.4 CITY- ST- ZIP	TAMPA, FL 33617	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID BRIMBLECOMB	
4.3 STREET ADDRESS	518 HIGHROVE CIRCLE NORTH	
4.4 CITY- ST- ZIP	BRANDON, FL 33510	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KEVIN WRIGHT	
5.3 STREET ADDRESS	8267 CAUSEWAY BLVD, Suite 7	
5.4 CITY- ST- ZIP	TAMPA, FL 33619	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	A.	
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, or on an attached non-staff address).

SIGNATURE: **FRED M KANTER** **4/13/95** **813/988-5656**
Signature and typed or printed name of signing officer or director. Date. Telephone #
FRED M KANTER PRESIDENT