FILE NOW: FILING FEE IS $61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 757689 (5)

1. Corporation Name

PLACE ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12228 N 56TH ST TEMPLE TERRACE FL 33617 US	12228 N 56TH ST TEMPLE TERRACE FL 33617-1531 US

3. Date Incorporated or Qualified: 04/23/1981
3a. Date of Last Report: 01/31/1996

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

4. FEI Number: 59-2120184 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 56TH 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	CO-PRESIDENT/D	☒ Change ☐ Addition
NAME	KANTER, FRED		1.2 NAME		
STREET ADDRESS	7515-B PITCH PINE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	Secretary/D	☒ Change ☐ Addition
NAME	BEATRICE LAWTON		2.2 NAME		
STREET ADDRESS	5501-A LOBLOLLY COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	CO-P/D	☐ Change ☒ Addition
NAME	DU FRESNE, CHARLES		3.2 NAME	Anna FLORA	
STREET ADDRESS	7509-D PITCH PINE CIRCLE		3.3 STREET ADDRESS	574 Goldcoast CT.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Marco Island, FL 33937	
TITLE	SD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	BRIMBLECOMBE, DAVID		4.2 NAME	Vernon Slater	
STREET ADDRESS	518 HIGHGROVE CIRCLE NORTH		4.3 STREET ADDRESS	7504-D PRESLEY PL.	
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP	Tampa, FL 33617	
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	Marcia STREIGAL-Moon	
STREET ADDRESS			5.3 STREET ADDRESS	7609-B ABBEY Ln.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33617	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048399