


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757689 (5)**

1. Corporation Name  
**PLACE ONE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>12228 N 56TH ST TEMPLE TERRACE FL 33617 US</b>	Mailing Address <b>12228 N 56TH ST TEMPLE TERRACE FL 33617 US</b>
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3. Date Incorporated or Qualified <b>04/23/1981</b>		
4. FEI Number <b>59-2120184</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>		
Suite, Apt. #, etc. <b>8737 Temple Terrace Hwy</b>	Suite, Apt. #, etc. <b>8737 Temple Terrace Hwy</b>		
City & State <b>22</b>	City & State <b>27</b>		
Zip <b>33637</b>	Country <b>25</b>	Zip <b>33637</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>Bob Moyer</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>8737 Temple Terrace Hwy</b>	
83 City <b>Tampa</b>	
84 State <b>FL</b>	85 Zip Code <b>33637</b>

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 agent 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 Bob Moyer DATE 2-16-98  
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 <del>OPD</del>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KANTER, FRED</b>		1.2 NAME	
STREET ADDRESS <b>7615-B PITCH PINE CIRCLE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>FUGANG ZHOU</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BEATRICE LAWTON</b>		2.2 NAME	
STREET ADDRESS <b>5501-A LOBLOLLY COURT</b>		2.3 STREET ADDRESS <b>7512 A Needleleaf Place</b>	<b>Treasurer</b>
CITY-ST-ZIP <b>TAMPA FL</b>		2.4 CITY-ST-ZIP <b>TAMPA, FL 33617</b>	
TITLE <del>GDPB</del>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLORA, ANNA</b>		3.2 NAME	
STREET ADDRESS <b>574 GOLD COAST CT</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MARCO ISLAND FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SLATER, VERNON</b>		4.2 NAME	
STREET ADDRESS <b>7504-D PRESLEY PL</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STREIGAL-MOON, MARCIA</b>		5.2 NAME <b>JOYCE HUNTER</b>	
STREET ADDRESS <b>7008-B ABBEY LN</b>		5.3 STREET ADDRESS <b>3825 E. Keyville Road</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		5.4 CITY-ST-ZIP <b>LITHIA, FL 33547</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Bob Moyer DATE 2-16-98

CR2E037 (10/97)