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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757689

1. Corporation Name

PLACE ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8737 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US

Mailing Address

8737 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US



2. Principal Place of Business

21
 Suite, Apt. #, etc. *HWY*
 22 **8755 TEMPLE TERRACE**
 City & State

2a. Mailing Address

26 **8755 TEMPLE TERRACE HWY**
 Suite, Apt. #, etc. *HWY*
 27 **C/O VANGUARD MGMT.**
 City & State
 28 **TEMPLE TERRACE, FL**
 Zip **33637** Country **US**

3. Date Incorporated or Qualified
04/23/1981

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

9. Name and Address of Current Registered Agent

MOYER, BOB
 8737 TEMPLE TERRACE HWY
 TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
8755 TEMPLE TERRACE HWY
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KANTER, FRED	
STREET ADDRESS	7515-B PITCH PINE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZHOU, FUGANG	
STREET ADDRESS	7512A NEEDLELEAF PLACE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLORA, ANNA	
STREET ADDRESS	574 GOLD COAST CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SLATER, VERNON	
STREET ADDRESS	7504-D PRESLEY PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, JOYCE	
STREET ADDRESS	3825 E KEYSVILLE RD	
CITY-ST-ZIP	LITHIA FL 33457	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOYER, ROBERT	
1.3 STREET ADDRESS	8755 TEMPLE TERRACE HWY	
1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33637	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	zip 33937	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GILLEAR, CHRISTIAN	
4.3 STREET ADDRESS	7515-B PITCH PINE CIRCLE	
4.4 CITY-ST-ZIP	TAMPA, FL 33617	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LIVAN, FAYE	
5.3 STREET ADDRESS	7600-A ABBEY LANE	
5.4 CITY-ST-ZIP	TAMPA, FL 33617	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MC FADDEN, BERNICE	
6.3 STREET ADDRESS	4004 FORECAST DRIVE	
6.4 CITY-ST-ZIP	BRANDON, FL 33511	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE *ROBERT MOYER - AGENT* 1-19-99 813-988-1152
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)