

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90048 029 ****61.25

DOCUMENT # 757689
 1. Entity Name
PLACE ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8755 TEMPLE TERR HWY TEMPLE TERRACE FL 33637 US	Mailing Address 8755 TEMPLE TERR HWY C/O VANGUARD MGMT TEMPLE TERRACE FL 33637-6729 US
---	---

DUU13216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business VANGUARD MGMT. Suite, Apt. #, etc. 9300 N. 16 ST. City & State TAMPA, FL Zip 33612 Country US	3. Mailing Address None Suite, Apt. #, etc. City & State Zip Country
--	--

4. FEI Number 59-2120184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOYER, BOB 8755 TEMPLE TERR HWY TAMPA FL 33637	7. Name and Address of New Registered Agent Name MOYER, BOB Street Address (P.O. Box Number is Not Acceptable) 9300 N. 16 ST. City TAMPA FL 33612
--	---

8. 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 Agent **1-25-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A MOYER, ROBERT 8755 TEMPLE TERR HWY TEMPLE TERRACE FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZHOU, FUGANG 7512A NEEDLELEAF PLACE TAMPA FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORA, ANNA 574 GOLD COAST CT MARCO ISLAND FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILLE, CHRISTIAN 7515-C PITCH PINE COLLEGE TAMPA FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNN, FAYE 7600-A ABBEY LANE TAMPA FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFADDEN, BERNICE 4008 FORECAST DR BRANDON FL 33511

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change 9300 N. 16 ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change T/D HILL, FRAN 7506-B PRESLEY PL. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change P/D CHUCENIGA, JOEL 7607-B ABBEY LN. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change V/D SLATER, VERNON 7504-D PRESLEY PL. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change ASST. Sec 1/D ZHOU, JOE 7517-C PITCH PINE CIRCLE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change SD

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Agent **1-25-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #