

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90077 036 \*\*\*\*61.25

**DOCUMENT # 757689**

1. Entity Name

**PLACE ONE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**VANGUARDS MGMT**  
**9300 N 16 ST**  
**TAMPA FL 33612**  
**US**

**VANGUARDS MGMT**  
**9300 N 16 ST**  
**TAMPA FL 33612**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2120184**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOYER, BOB**  
**9300 N 16 ST**  
**TAMPA FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Handwritten Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*3-15-01*  
 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>A</b>	<input type="checkbox"/> Delete
NAME	<b>MOYER, ROBERT</b>	
STREET ADDRESS	<b>9300 N 16 ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, FRAN</b>	
STREET ADDRESS	<b>7506-B PRESLEY PL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHUENIGA, JOEL</b>	
STREET ADDRESS	<b>7607-B ABBEY LN</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SLATER, VERNON</b>	
STREET ADDRESS	<b>7504-D PRESLEY PL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete
NAME	<b>ZHOU, JOE</b>	
STREET ADDRESS	<b>7517-C PITCH PINE CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MCFADDEN, BERNICE</b>	
STREET ADDRESS	<b>4008 FORECAST DR</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>GD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAILS, DOUGLAS</b>	
STREET ADDRESS	<b>5502-A POKEWEEED</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33617</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>UID</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCFADDEN, BERNICE</b>	
STREET ADDRESS	<b>7535-C PITCH PINE CIR</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33617</b>	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* SIGNATURE REQUIRED *Bob Moyer Agent 3-15-01 (813) 930-8036*

CR2E037 (10/00)