

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0040505

**DOCUMENT # 757689**

04-10-2002 90652 042 \*\*\*\*61.25

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

00064003



DO NOT WRITE IN THIS SPACE

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

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

*Bob Moyer - Agent*

*04-05-02*

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.

**\$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	A	<input type="checkbox"/> Delete
NAME	MOYER, ROBERT	
STREET ADDRESS	9300 N 16 ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HILL, FRAN	
STREET ADDRESS	7506 B PRESLEY PL	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAILS, DOUGLAS	
STREET ADDRESS	5502-A POKEWEED	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLATER, VERNON	
STREET ADDRESS	7504-D PRESLEY PL	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	ZHOU, JOE	
STREET ADDRESS	7517-C PITCH PINE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCFADDEN, BERNICE	
STREET ADDRESS	7535-C PITCHPINE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33617	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SID BRIGHT, ROBBIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2007 CAPRI ROAD	
STREET ADDRESS	VALRICO, FL. 33594	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26624 PLAYERS CIRCLE #4	
STREET ADDRESS	LUTZ, FL 33559	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST. SEC ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUMEZ, EDWIN	
STREET ADDRESS	4819 EAST BUSCH BLVD	
CITY-ST-ZIP	TAMPA, FL. 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bob Moyer - Agent* 04-05-02 (813) 930-8036

CR2E037 (9/01)