

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90034 038 ****61.25



DOCUMENT # 757689

1. Entity Name

PLACE ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

VANGUARDS MGMT
9300 N 16 ST
TAMPA FL 33612
US

Mailing Address

VANGUARDS MGMT
9300 N 16 ST
TAMPA FL 33612
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2120184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINFIELD, JANET
9300 N 16 ST
TAMPA FL 33612

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janet Winfield

Janet Winfield

2-4-04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **S** Delete
NAME RICHARDSON, DIANE
STREET ADDRESS 7508 A NEEDLE LEAF PLACE
CITY-ST-ZIP TAMPA FL 33617

TITLE **T** Delete
NAME PACK, MICHAEL
STREET ADDRESS 5507 C POKEWEEED CT
CITY-ST-ZIP TAMPA FL 33617

TITLE **VD** Delete
NAME HILL, FRAN
STREET ADDRESS 7506 B PRESLEY PL
CITY-ST-ZIP TAMPA FL 33617

TITLE **A** Delete
NAME WINFIELD, JANET
STREET ADDRESS 9300 N 16 STREET
CITY-ST-ZIP TAMPA FL 33612

TITLE **PD** Delete
NAME MCFADDEN, BERNICE
STREET ADDRESS 7535-C PITCHPINE CIRCLE
CITY-ST-ZIP TAMPA FL 33617

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice-President** Change Addition
NAME **Diane Richardson**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director-Secretary** Change Addition
NAME **Rody Munoz**
STREET ADDRESS **7606 B Abbey La.**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS **714 Village Pl**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE Change 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:

Bernice M. McFadden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-04 813-786-8653