


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90304 041 ****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

50042495



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04092005 Chg-NP CR2E037 (10/03)

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

Filing Fee is \$61.25 Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, DIANE <input type="checkbox"/> Delete 7508 A NEEDLE LEAF PLACE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACK, MICHAEL <input checked="" type="checkbox"/> Delete 5507 C POKEWEED CT TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUNOZ, RUDY <input checked="" type="checkbox"/> Delete 7606 B ABBEY LN. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A WINFIELD, JANET <input type="checkbox"/> Delete 9300 N 16 STREET TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFADDEN, BERNICE <input checked="" type="checkbox"/> Delete 714 VILLAGE PL BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wiaheed, Aisha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7504 Needleleaf Pl A Tampa FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Elronzo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7607 Abbey Lane D Tampa FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Walker, Jackie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5503 Pokeweed Ct B Tampa FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janet Winfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____