

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# 757689

Entity Name: PLACE ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

VANGUARDS MGMT
9300 N 16 ST
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

VANGUARDS MGMT
9300 N 16 ST
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2120184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 N 16 ST
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: RICHARDSON, DIANE
Address: 7508 A NEEDLE LEAF PLACE
City-St-Zip: TAMPA, FL 33617

Title: P () Delete
Name: CHURNIGA, JOEL
Address: 7607 ABBEY LANE B
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: WILLIAMS, ELRONZO
Address: 7607 ABBEY LANE D
City-St-Zip: TAMPA, FL 33617

Title: A () Delete
Name: WINFIELD, JANET
Address: 9300 N 16 STREET
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: LEVER, GABRIELA
Address: 7510 NEEDLE LEAF PLACE C
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HAYNES, SOPHIA
Address: 5503 POKEWEED COURT #C
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILLIAMS, ELRONZO
Address: 7607 ABBEY LANE D
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: CARLTON, EARL
Address: 7501 PITCH PINE CIR #D
City-St-Zip: TAMPA, FL 33617

Title: T (X) Change () Addition
Name: LEVER, GABRIELA
Address: P.O. BOX 75007
City-St-Zip: TAMPA, FL 33675

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET WINFIELD

AGEN

03/07/2007

Electronic Signature of Signing Officer or Director

Date