


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90401 004 ****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 - No P.O. Box #		3. Mailing Address 16105 N. FLORIDA	
Suite, Apt. #, etc. N 56 th ST		Suite, Apt. #, etc. SUITE A	
City & State TAMPA FL		City & State LUTZ FL	
Zip 33617	Country USA	Zip 33549	Country USA
4. FEI Number 59-2120184		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 DUARTE, ANTONIO III Street Address (P.O. Box Number is Not Acceptable) 6221 LAND O LAKES BLVD City LAND O LAKES FL Zip Code 34638	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYNES, SOPHIA 5503 POKEWEEDE COURT #C TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHURNIGA, JOEL 7607 ABBEY LANE B TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> WATE, RALPH 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, ELRONZO 7607 ABBEY LANE D TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> MONTGOMERY TROY 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, EARL 7501 PITCH PINE CIR #D TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVER, GABRIELA P.O. BOX 75007 TAMPA, FL 33675 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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: <u>Elron Williams</u>		Date: <u>4/25/08</u> 813 9685605	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	