

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

03-31-2003 90294 042 ****61.25

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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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2120104** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MOYER, BOB
9300 N 16 ST
TAMPA FL 33612**

7. Name and Address of New Registered Agent
Name **WINFIELD, JANET**
Street Address (P.O. Box Number is Not Acceptable)
9300 N. 16 ST.
City **TAMPA** FL Zip Code **33612**

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** 3-28-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A MOYER, ROBERT 9300 N 16 ST TAMPA FL 33612 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secur Diane Richardson 7508 A Needleleaf Place Tampa FL 33617 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRIGHT, ROBBIE 2007 CAPRI RD VALRICO FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Michael Pack 5507 C Poleweerd Ct Tampa FL 33617 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARLS, DOUGLAS 268247 PLAYERS CIRCLE #4 LUTZ FL 33659 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D HILL, FRANK 7506 B PRESLEY PL. TAMPA, FL 33617 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLATER, VERNON 7504-D PRESLEY PL TAMPA FL 33617 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AGENT WINFIELD, JANET 9300 N. 16 STREET TAMPA, FL 33612 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD MUNEZ, EDWIN 4819 EAST BUSCH BLVD TAMPA FL 33617 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO MCFADDEN, BERNICE 7535-C PITCHPINE CIRCLE TAMPA FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ☒ Change ☐ 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* **JANET WINFIELD** 3-28-03 930-8036
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR26037 (10/02)