

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 760148 (7)  
1. Corporation Name  
VILLA PLUMOSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

352 WESTWINDS DR.  
P.O. BOX 695  
TARPON SPRGS FL 34688352 WESTWINDS DR.  
P.O. BOX 695  
TARPON SPRGS FL 34688-06953. Date Incorporated or Qualified  
09/23/19813a. Date of Last Report  
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

I & J PROPERTY MANAGEMENT CO  
352 WESTWINDS DR.  
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WARNKE, WILL	
STREET ADDRESS	100 GRAND BLVD. #207	
CITY-ST-ZIP	TARPON SPRGS FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARMSTRONG, MALCOLM	
1.3 STREET ADDRESS	100 GRAND BLVD #209	
1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HORNE, PHILLIP	
STREET ADDRESS	100 GRAND BLVD., #210	
CITY-ST-ZIP	TARPON SPRGS FL	

2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRITTENDEN, JOHN	
2.3 STREET ADDRESS	100 GRAND BLVD #109	
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ENGLAND, HAROLD	
STREET ADDRESS	100 GRAND BLVD., #104	
CITY-ST-ZIP	TARPON SPRGS FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, RICHARD	
STREET ADDRESS	100 GRAND BLVD., #206	
CITY-ST-ZIP	TARPON SPRINGS FL	

4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KARAGELEN, FRANK	
4.3 STREET ADDRESS	49 WEST CENTER ST #213	
4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, ANN	
STREET ADDRESS	100 GRAND BLVD #205	
CITY-ST-ZIP	TARPON SPRINGS FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-97

813-942-4755

CR2E037 (9/96)