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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760148**

1. Corporation Name

**VILLA PLUMOSA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

352 WESTWINDS DR.  
P.O. BOX 695  
TARPON SPRGS FL 34688

Mailing Address

352 WESTWINDS DR.  
P.O. BOX 695  
TARPON SPRGS FL 34688



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/23/1981

4. FEI Number

59-2262337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME ARMSTRONG, MALCOLM  
STREET ADDRESS 100 GRAND BLVD., #209  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE PD ☒ DELETE

NAME CRITTENDEN, JOHN  
STREET ADDRESS 100 GRAND BLVD., #109  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DS ☐ DELETE

NAME ENGLAND, HAROLD  
STREET ADDRESS 100 GRAND BLVD., #104  
CITY-ST-ZIP TARPON SPRGS FL

TITLE TD ☐ DELETE

NAME KARANGELLEN, FRANK  
STREET ADDRESS 49 WEST CENTER ST., #213  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE

NAME ANDERSON, ANN  
STREET ADDRESS 100 GRAND BLVD #205  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition

1.2 NAME WARNE, WILBERT  
1.3 STREET ADDRESS 100 GRAND BLVD #207  
1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

2.1 TITLE PD ☐ Change ☒ Addition

2.2 NAME DALACOS, COSTA  
2.3 STREET ADDRESS 2502 OAK CIRCLE  
2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Handwritten signature* Feb. 18/1999

CR2E037 (11/98)