


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 044 ****61.25

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DOCUMENT # 760148					
1. Entity Name VILLA PLUMOSA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 40347 US 19 NORTH STE 201 TARPON SPRINGS, FL 34689			Mailing Address P.O. BOX 695 TARPON SPRGS, FL 34688		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		4. FEI Number 59-2262337
					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				7. Name and Address of New Registered Agent	
I & J PROPERTY MANAGEMENT CO 352 WESTWINDS DR. PALM HARBOR, FL 34683				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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, 2005		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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLAND, HAROLD			NAME	
STREET ADDRESS	100 GRAND BLVD #104			STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALACOS, COSTA			NAME	
STREET ADDRESS	2502 OAK CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ANN			NAME	Fortseras, Jenette
STREET ADDRESS	100 GRAND BLVD #205			STREET ADDRESS	526 Fairwood Drive
CITY-ST-ZIP	TARPON SPRINGS, FL			CITY-ST-ZIP	Tallmadge, OH 44278
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLEFIELD, PAULA			NAME	
STREET ADDRESS	49 W CENTER STREET #25			STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	Sweeney, Walter
STREET ADDRESS				STREET ADDRESS	49 West Center Street #111
CITY-ST-ZIP				CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Harold England</i>				Date: 03-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 727-912-4755	