

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04448** (9)
1. Corporation Name
PLAZA VILLAS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**4691 LAUREL OAK LANE NE
ST PETERSBURG FL 33703**
**1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1984** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-2454545** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1700 McMullen Booth Rd.**
Suite, Apt. #, etc. 26 **Suite C-3**
22 **Clearwater, Fl 34619**
City & State 27 **Clearwater, Fl 34619**
23 **34619**
Zip 24 **FL** Country 25 **FL** Country 29 **34619** 30 **FL**

9. Name and Address of Current Registered Agent
**HICKS JOYCE M
C/O SEABOARD ARBORS MANAGEMENT SVC
1700 MCMULLEN BOOTH RD SUITE C-3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent
81 Name **Lennard A. Leighton**
82 Street Address (P.O. Box Number is Not Acceptable) **1700 McMullen Booth Rd. Suite C-3**
83
84 City **Clearwater, Fl** FL 85 Zip Code **34619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/8/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAUL, CHRISTINE
STREET ADDRESS	492 E SANTA CRUZ PL. NE
CITY - ST - ZIP	ST PETERSBURG FL 33703
TITLE	VD
NAME	JOHNSON, HELMA
STREET ADDRESS	492 C SANTA CRUZ PL. NE
CITY - ST - ZIP	ST PETERSBURG FL 33703
TITLE	VD
NAME	MALHAM, OLGA
STREET ADDRESS	484 G SANTA CRUZ PL. NE
CITY - ST - ZIP	ST PETERSBURG FL 33703
TITLE	SD
NAME	MCCABE, JANET
STREET ADDRESS	492F SANTA CRUZ PL NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	TD
NAME	BRENDE, AMANDA
STREET ADDRESS	476 H SANTA CRUZ PL. NE
CITY - ST - ZIP	ST PETERSBURG FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janet McCabe	
1.3 STREET ADDRESS	492 F Santa Cruz Pl NE.	
1.4 CITY - ST - ZIP	St. Petersburg, Fl 33703	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Helma Johnson	
2.3 STREET ADDRESS	492=C Santa Cruz Pl NE. 476D Santa Cruz	
2.4 CITY - ST - ZIP	St. Petersburg, Fl 33703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Olga Malham	
3.3 STREET ADDRESS	484 G Santa Cruz Pl NE	
3.4 CITY - ST - ZIP	St. Petersburg, Fl 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Christine Paul	
4.3 STREET ADDRESS	492 E Santa Cruz Pl NE.	
4.4 CITY - ST - ZIP	St. Petersburg, Fl 33703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Amanda Brendle	
5.3 STREET ADDRESS	476 H Santa Cruz Pl NE.	
5.4 CITY - ST - ZIP	St. Petersburg, Fl 33703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]* DATE **1/27/95** **521-3682**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Janet McCabe, President