

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **4691 LAUREL OAK LANE NE ST PETERSBURG FL 33703**
Mailing Address: **1700 MCMULLEN BOOTH RD SUITE C03 CLEARWATER FL 34619 US**

3. Date Incorporated or Qualified: **07/25/1984**
3a. Date of Last Report: **02/17/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1700 McMullen Booth Road**
Suite, Apt. #, etc.: **22 Suite C-3**
City & State: **23 Clearwater, Fl.**
Zip: **24 34619** Country: **25 USA**

9. Name and Address of Current Registered Agent: **LEIGHTON, LENNARD A 1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34619**
10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL [Blank]**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MCCABE, JANET STREET ADDRESS: 492 F SANTA CRUZ PL NE CITY-ST-ZIP: ST PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Starr, Jeff 1.3 STREET ADDRESS: 500 D Santa Cruz Place NE 1.4 CITY-ST-ZIP: St. Petersburg, Fl. 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: PURDUE, STARR STREET ADDRESS: 476D SANTA CRUZ PL NE CITY-ST-ZIP: ST PETERSBURG FL	<input type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: [Blank] 2.3 STREET ADDRESS: [Blank] 2.4 CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MALHAM, OLGA STREET ADDRESS: 484 G SANTA CRUZ PL. NE CITY-ST-ZIP: ST PETERSBURG FL 33703	<input type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: Hockensmith, Joanne 3.3 STREET ADDRESS: 508 A Santa Cruz Place NE 3.4 CITY-ST-ZIP: St. Petersburg, Fl. 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: PAUL, CHRISTINE STREET ADDRESS: 492F SANTA CRUZ PL NE CITY-ST-ZIP: ST PETERSBURG FL	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BRENDE, AMANDA STREET ADDRESS: 476 H SANTA CRUZ PL. NE CITY-ST-ZIP: ST PETERSBURG FL 33703	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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: JEFF STARR DATE: 2/05/96 DAYTIME PHONE #: 224-5878 (813)

CR2E037 (12/95)