


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04448** (9)
1. Corporation Name
PLAZA VILLAS I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH RD SUITE C03 CLEARWATER FL 34619 US
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3. Date Incorporated or Qualified 07/25/1984	
4. FEI Number 59-2454545	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 C/O SEABOARD ARBORS Suite, Apt. #, etc.	2a. Mailing Address 26 C/O SEABOARD ARBORS Suite, Apt. #, etc.
22 1120 PINELLAS BAYWAY #107 City & State	27 1120 PINELLAS BAYWAY #107 City & State
23 TIERRA VERDE FL Zip Country	28 TIERRA VERDE FL Zip Country
24 33715 25 U.S.	29 33715 30 U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL 33759

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	1.1 TITLE	T/D
NAME	STARR, JEFF	1.2 NAME	STARR, JEFF
STREET ADDRESS	500 D SANTA CRUZ PLACE NE	1.3 STREET ADDRESS	500 D SANTA CRUZ PLACE NE
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	TD	2.1 TITLE	P/D
NAME	PURDUE, STARR	2.2 NAME	GUZWICUS, MARY
STREET ADDRESS	476D SANTA CRUZ PL NE	2.3 STREET ADDRESS	500G SANTA CRUZ PLACE NE
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	VD	3.1 TITLE	S/D
NAME	MALHAM, OLGA	3.2 NAME	MCCABE, JANET
STREET ADDRESS	484 G SANTA CRUZ PL NE	3.3 STREET ADDRESS	492 F SANTA CRUZ PLACE NE
CITY-ST-ZIP	ST PETERSBURG FL 33703	3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	SD	4.1 TITLE	D
NAME	PAUL, CHRISTINE	4.2 NAME	PAUL, CHRISTINE
STREET ADDRESS	492F SANTA CRUZ PL NE	4.3 STREET ADDRESS	492F SANTA CRUZ PLACE NE
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	VD	5.1 TITLE	
NAME	HOCKENSMITH, JOANNE	5.2 NAME	
STREET ADDRESS	508 A SANTA CRUZ PLACE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Mary Guzwicus 1-27-98 528-8955

CP2E037 (10/97)