

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90002 014 ****61.25

DOCUMENT # N04448

1. Entity Name

PLAZA VILLAS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1110 PINELLAS BAYWAY
 104
 TIERRA VERDE FL 33715
 US

1110 PINELLAS BAYWAY
 104
 TIERRA VERDE FL 33715-1506
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2454545

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~LEIGHTON, LENNARD A~~
~~1700 MCMULLEN BOOTH RD.~~
~~SUITE 03~~
~~CLEARWATER FL 33760~~

~~LEIGHTON, LENNARD A~~
C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STARR, JEFF	
STREET ADDRESS	500 D SANTA CRUZ PLACE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUZWICUS, MARY	
STREET ADDRESS	500 G SANTA CRUZ PLACE N	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, JANET	
STREET ADDRESS	492 F SANTA CRUZ PL NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAUL, CHRISTINE	
STREET ADDRESS	492F SANTA CRUZ PL NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOCKENSMITH, JOANNE	
STREET ADDRESS	508 A SANTA CRUZ PLACE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, MAXINE	
STREET ADDRESS	508 C SANTA CRUZ PLACE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, CHRIS	
STREET ADDRESS	484 F SANTA CRUZ PLACE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00 727-528-8955
 Date Daytime Phone #

CR2E037 (9/99)