

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90001 019 ****61.25

DOCUMENT # N04448

1. Entity Name

PLAZA VILLAS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1110 PINELLAS BAYWAY~~
~~TERRA VERDE FL 33715~~
~~US~~

1110 PINELLAS BAYWAY
 104
 TERRA VERDE FL 33715
 US

2. Principal Place of Business

3. Mailing Address

2189 Cleveland St.

2189 Cleveland St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

225

225

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

**U.S.
Pinellas**

Zip

33765

Country

**U.S.
Pinellas**

4. FEI Number

59-2454545

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A
 C/O SEABOARD ARBORS MANAGEMENT
 2189 CLEVELAND STREET STE 225
 CLEARWATER FL 33765**

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.

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	VPD	<input type="checkbox"/> Delete
NAME	KAPLAN, MAXINE	
STREET ADDRESS	508 C SANTA CRUZ PLACE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, CHRIS	
STREET ADDRESS	484 F SANTA CRUZ PLACE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOCKENSMITH, JOANNE	
STREET ADDRESS	508 A SANTA CRUZ PLACE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAPPS, DORIS	
STREET ADDRESS	432 C SANTA CRUZ PLACE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1-23-02

813-272-8408

CR2E037 (9/01)