## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757689** 

Entity Name: PLACE ONE CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 03, 2018 **Secretary of State** CC3112819134

## **Current Principal Place of Business:**

18550 NORTH DALE MABRY HIGHWAY

LUTZ. FL 33548

## **Current Mailing Address:**

C/O/ WISE PROPERTY MANAGEMENT, INC 18550 NORTH DALE MABRY HIGHWAY LUTZ. FL 33548 US

FEI Number: 59-2120184 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

GLAUSIER, CHARLES E 400 N. ASHLEY DRIVE **SUITE 2020** TAMPA, FL 33602 US

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:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** 

WAITHE. RALPH WALKER, MARY J Name Name

Address 18550 NORTH DALE MABRY Address 18550 NORTH DALE MABRY

**HIGHWAY HIGHWAY** 

LUTZ FL 33548 LUTZ FL 33548 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title VΡ

SWEENEY, JAMES T MAYNOR, BENITA Name Name

18550 NORTH DALE MABRY 18550 NORTH DALE MABRY Address Address

LUTZ FL 33548

City-State-Zip:

**HIGHWAY HIGHWAY** 

Title **DIRECTOR** 

WHITE, LARRY 18550 NORTH DALE MABRY Address

LUTZ FL 33548

**HIGHWAY** 

LUTZ FL 33548 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH WAITHE **PRESIDENT** Electronic Signature of Signing Officer/Director Detail

04/03/2018 Date