
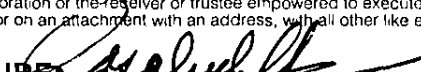


**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 738126</b> 1. Entity Name <b>THE PLACE 450, A CONDOMINIUM, INC.</b>																																																			
Principal Place of Business <b>450 BEACH RD #1 SARASOTA, FL 34242</b>		Mailing Address <b>450 BEACH RD #1 SARASOTA, FL 34242</b>																																																	
<div>DO NOT WRITE IN THIS SPACE</div>																																																			
		<div>Barcode</div> <div>04072008 No Chg-NP CR2E037 (4/06)</div> <div>4. FEI Number <b>59-1871560</b></div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>																																																	
6. Name and Address of Current Registered Agent <b>HYMAN, ROSALIND S 450 BEACH ROAD, UNIT 1 SARASOTA, FL 34242</b>		<div>DO NOT WRITE IN THIS SPACE</div>																																																	
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. I am familiar with, and accept the obligations of registered agent.																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS		<div>UD00000906907</div> <div>05/05/08-80017-006 61.25</div> <div>DO NOT WRITE IN THIS SPACE</div>																																																	
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>WAGNER, WALTER</td></tr><tr><td>STREET ADDRESS</td><td>450 BEACH RD UNIT 3</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL</td></tr><tr><td>TITLE</td><td>DS</td></tr><tr><td>NAME</td><td>CHAMBERLAIN, SUSAN</td></tr><tr><td>STREET ADDRESS</td><td>450 BEACH ROAD #5</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL 34242</td></tr><tr><td>TITLE</td><td>TD</td></tr><tr><td>NAME</td><td>HYMAN, ROSALIND</td></tr><tr><td>STREET ADDRESS</td><td>450 BEACH ROAD #1</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL 34242</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>LAVIOE, LINDA</td></tr><tr><td>STREET ADDRESS</td><td>450 BEACH RD #4</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL 34242</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	WAGNER, WALTER	STREET ADDRESS	450 BEACH RD UNIT 3	CITY-ST-ZIP	SARASOTA, FL	TITLE	DS	NAME	CHAMBERLAIN, SUSAN	STREET ADDRESS	450 BEACH ROAD #5	CITY-ST-ZIP	SARASOTA, FL 34242	TITLE	TD	NAME	HYMAN, ROSALIND	STREET ADDRESS	450 BEACH ROAD #1	CITY-ST-ZIP	SARASOTA, FL 34242	TITLE	D	NAME	LAVIOE, LINDA	STREET ADDRESS	450 BEACH RD #4	CITY-ST-ZIP	SARASOTA, FL 34242	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		<div>4/14/08 941.349.2770 x 221</div> <div>Date _____ Daytime Phone # _____</div>																																																	
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