2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746697

FILED Jaņ 13, 2<u>00</u>8 Secretary of State

Entity Name: THE PLACIDO GARDENS CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business: New Principal Place of Business:

4435 FIRST STREET NE

ST PETERSBURG, FL 33703 US

Current Mailing Address: New Mailing Address:

5455 4TH STREET NORTH

ST. PETERSBURG, FL 33703 US

FEI Number: 59-1948825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAREN L. STEINMETZ, CPA 5455 4TH STREET NORTH ST. PETERSBURG, FL 33703 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FITZGERALD, EDNA TD IVANOV, KONSTANTIN TD Name: Name: Address:

4435 1ST STREET NE #306 Address: 4435 1ST STREET NE City-St-Zip: ST PETERSBURG, FL 33703 US ST PETERSBURG, FL 33703 US City-St-Zip:

Title: SD () Delete Title: (X) Change () Addition LOUER, HELEN SD Name: ELMENDORF, FRANK SD Name:

Address: 4435 1ST STREET NE #301 Address: 4435 1ST STREET NE City-St-Zip: ST PETERSBURG, FL 33703 US City-St-Zip: ST PETERSBURG, FL 33703 US

Title: () Delete Title: () Change () Addition

RABENECK, KARL PD Name: Name: 4435 1ST STREET NE #308 Address: Address: City-St-Zip: ST PETERSBURG, FL 33703 US City-St-Zip:

Title: **VPD** (X) Delete Title: () Change () Addition

Name: MILLER, DOUG VPD Name: Address: 4435 1ST STREET NE, #305 Address: City-St-Zip: ST PETERSBURG, FL 33703 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

IVANOV, KONSTANTIN D Name: Name: 4435 1ST STREET NE, #203 Address: Address: City-St-Zip: ST PETERSBURG, FL 33703 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KARL RABENECK Ρ 01/13/2008