## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 13, 2008 **DOCUMENT# 746697** 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

**Current Mailing Address: New Mailing Address:** 

5455 4TH STREET NORTH 5901 US 19 ST. PETERSBURG, FL 33703 US SUITE 7Q

US

NEW PORT RICHEY, FL 34652 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 QUALIFIED PROPERTY MANAGEMENT, INC.

5455 4TH STREET NORTH 5901 US 19 ST. PETERSBURG, FL 33703 US SUITE 7Q

NEW PORT RICHEY, FL 34652 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: MARY A. WHITE 08/13/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete IVANOV, KONSTANTIN TD LOUER, HELEN PD Name: Name: 4435 1ST STREET NE Address: 4435 1ST STREET NE, #301 Address:

City-St-Zip: ST PETERSBURG, FL 33703 US City-St-Zip: ST PETERSBURG, FL 33703 US

(X) Change ( ) Addition Title: SD () Delete Title: VD ELMENDORF, FRANK SD Name: FITZGERALD, EDNA VD Name: Address: 4435 1ST STREET NE Address: 4435 1ST STREET NE. #306 City-St-Zip: ST PETERSBURG, FL 33703 US City-St-Zip: ST PETERSBURG, FL 33703 US

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

RABENECK, KARL PD Name: REDA, JACKI SD Name: 4435 1ST STREET NE #308 Address: Address: 4435 1ST STREET NE #107 City-St-Zip: ST PETERSBURG, FL 33703 US City-St-Zip: ST PETERSBURG, FL 33703 US

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: HELEN LOUER PD 08/13/2008