

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746697

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** THE PLACIDO GARDENS CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

4435 FIRST STREET NE  
ST PETERSBURG, FL 33703 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

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

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

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOUER, HELEN PD  
Address: 4435 1ST STREET NE, #301  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VD ( ) Delete  
Name: FITZGERALD, EDNA VD  
Address: 4435 1ST STREET NE, #306  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: SD ( ) Delete  
Name: REDA, JACKI SD  
Address: 4435 1ST STREET NE #107  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Change (X) Addition  
Name: RABENECK, KARL  
Address: 4435 1ST STREET NE, #308  
City-St-Zip: ST. PETERSBURG, FL 33703

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

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date