

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757689

FILED
Mar 09, 2009
Secretary of State

Entity Name: PLACE ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

VANGUARDS MGMT
N. 56TH ST
TAMPA, FL 33617 US

New Principal Place of Business:

16105 N. FLORIDA AVE
A
LUTZ, FL 33549 US

Current Mailing Address:

VANGUARDS MGMT
16105 N. FLORIDA, STE. A
LUTZ, FL 33549 US

New Mailing Address:

16105 N. FLORIDA AVE
A
LUTZ, FL 33549 US

FEI Number: 59-2120184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUARTE, ANTONIO III
6221 LAND O LAKES BLVD.
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

MEZER, STEPHEN ATTY
1801 N. HIGHLAND AVE
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: STEPHEN MEZER

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HAYNES, SOPHIA
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: WAITE, RALPH
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: MONTGOMERY, TRDY
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, ELRONZO
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change () Addition
Name: WAITE, RALPH
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change () Addition
Name: MONTGOMERY, TROY
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD () Change (X) Addition
Name: STANTON, CHERYL
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Change (X) Addition
Name: CARLTON, EARL
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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: ELRONZO WILLIAMS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date