

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758969

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** PLACIDA HARBOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11000 PLACIDA ROAD  
PLACIDA, FL 33946 US

**New Principal Place of Business:**

**Current Mailing Address:**

11000 PLACIDA ROAD  
PLACIDA, FL 33946 US

**New Mailing Address:**

**FEI Number:** 59-2162867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLACIDA PROPERTIES  
11000 PLACIDA ROAD  
PLACIDA, FL 33946 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: ROWE, KRVIN  
Address: 11000 PLACIDA ROAD # 1404  
City-St-Zip: PLACIDA, FL 33946

Title: D ( ) Delete  
Name: WHELLER, ERIC  
Address: 505 N. LOSEY BLVD.  
City-St-Zip: LA CROSSE, WI 54601

Title: D ( ) Delete  
Name: GRETCHEN, BREMER  
Address: 11000 PLACIDA RD #2902  
City-St-Zip: PLACIDA, FL 33946

Title: TD ( ) Delete  
Name: SHEETS, PHILIP  
Address: 11000 PLACIDA ROAD # 305  
City-St-Zip: PLACIDA, FL 33946

Title: SD ( ) Delete  
Name: PLASMAN, DAVID  
Address: 11000 PLACIDA RD., #2102  
City-St-Zip: PLACIDA, FL 33946

Title: VP ( ) Delete  
Name: TOWELL, ANTHONY  
Address: 11000 PLACIDA RD., #2203  
City-St-Zip: PLACIDA, FL 33946

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

Title: PD (X) Change ( ) Addition  
Name: ROWE, KEVIN  
Address: 11000 PLACIDA ROAD # 1404  
City-St-Zip: PLACIDA, FL 33946

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

Title: D (X) Change ( ) Addition  
Name: WILLIAM, JEFFERS  
Address: 11000 PLACIDA RD #2803  
City-St-Zip: PLACIDA, FL 33946

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: PAUL S SCRIBNER

AT

04/28/2009

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

\_\_\_\_\_  
Date