

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760148 (7)
1. Corporation Name
VILLA PLUMOSA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 352 WESTWINDS DR. P.O. BOX 695 TARPON SPRGS FL 34688
Mailing Address: 352 WESTWINDS DR P.O. BOX 695 TARPON SPRGS FL 34688

3. Date Incorporated or Qualified: 09/23/1981
3a. Date of Last Report: 03/17/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2262337	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
I & J PROPERTY MANAGEMENT CO 352 WESTWINDS DR. PALM HARBOR FL 34683				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARKE, WILL		12 NAME		
STREET ADDRESS	100 GRAND BLVD. #207		13 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		14 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORNE, PHILLIP		22 NAME		
STREET ADDRESS	100 GRAND BLVD., #210		23 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		24 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGLAND, HAROLD		32 NAME		
STREET ADDRESS	100 GRAND BLVD., #104		33 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		34 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIOTT, RICHARD		42 NAME		
STREET ADDRESS	100 GRAND BLVD., #206		43 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		44 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, ANN		52 NAME		
STREET ADDRESS	100 GRAND BLVD #205		53 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold W. England* 2/26/96 (813) 937-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)