

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760148 (7)**  
 1. Corporation Name  
**VILLA PLUMOSA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>352 WESTWINDS DR.                  P.O. BOX 695                  TARPON SPRGS FL 34688</b>	Mailing Address <b>352 WESTWINDS DR.                  P.O. BOX 695                  TARPON SPRGS FL 34688</b>
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3. Date Incorporated or Qualified  
**09/23/1981**

4. FEI Number  
**59-2262337**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**I & J PROPERTY MANAGEMENT CO  
 352 WESTWINDS DR.  
 PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMSTRONG, MALCOLM</b>	
STREET ADDRESS	<b>100 GRAND BLVD., #209</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRITTENDEN, JOHN</b>	
STREET ADDRESS	<b>100 GRAND BLVD., #109</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>ENGLAND, HAROLD</b>	
STREET ADDRESS	<b>100 GRAND BLVD., #104</b>	
CITY-ST-ZIP	<b>TARPON SPRGS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KARANGELLEN, FRANK</b>	
STREET ADDRESS	<b>49 WEST CENTER ST., #213</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, ANN</b>	
STREET ADDRESS	<b>100 GRAND BLVD #205</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 England 813-942-4755

CFR2037 (10/97)