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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760148

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

09/23/1981

4. FEI Number

59-2262337

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME ARMSTRONG, MALCOLM
 STREET ADDRESS 100 GRAND BLVD., #209
 CITY-ST-ZIP TARPON SPRINGS FL

TITLE PD DELETE
 NAME CRITTENDEN, JOHN
 STREET ADDRESS 100 GRAND BLVD., #109
 CITY-ST-ZIP TARPON SPRINGS FL

TITLE DS DELETE
 NAME ENGLAND, HAROLD
 STREET ADDRESS 100 GRAND BLVD., #104
 CITY-ST-ZIP TARPON SPRGS FL

TITLE TD DELETE
 NAME KARANGELLEN, FRANK
 STREET ADDRESS 49 WEST CENTER ST., #213
 CITY-ST-ZIP TARPON SPRINGS FL

TITLE D DELETE
 NAME ANDERSON, ANN
 STREET ADDRESS 100 GRAND BLVD #205
 CITY-ST-ZIP TARPON SPRINGS FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD Change Addition
 1.2 NAME WARNE, WILBERT
 1.3 STREET ADDRESS 100 GRAND BLYD #207
 1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

2.1 TITLE PD Change Addition
 2.2 NAME DALACOS, COSTA
 2.3 STREET ADDRESS 2502 OAK CIRCLE
 2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Harold England* Feb. 18, 1999

CR2E037 (11/98)