

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90075 027 ****61.25

DOCUMENT # 760148

1. Entity Name

VILLA PLUMOSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

352 WESTWINDS DR.
 P.O. BOX 695
 TARPON SPRGS FL 34688

352 WESTWINDS DR.
 P.O. BOX 695
 TARPON SPRGS FL 34688-0695

00037124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2262337

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WARNKE, WILBERT	
STREET ADDRESS	100 GRAND BLVD #207	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DALACOS, COSTA	
STREET ADDRESS	2502 OAK CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ENGLAND, HAROLD	
STREET ADDRESS	100 GRAND BLVD., #104	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KARANGELEN, FRANK	
STREET ADDRESS	49 WEST CENTER ST., #213	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, ANN	
STREET ADDRESS	100 GRAND BLVD #205	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARANTOS, THEODORE	
STREET ADDRESS	49 WEST CENTER ST #212	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-09-00 727-942-4755
 Date Daytime Phone #

CR2E037 (9/99)