

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770822 (5)

1. Corporation Name

PLOVER PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

19824 GULF BLVD #2
P.O. BOX 1128
INDIAN SHORES FL 34635-8128

19824 GULF BLVD #2
P.O. BOX 1128
INDIAN SHORES FL 34635-8128

3. Date Incorporated or Qualified
10/19/1983

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

4. FFI Number
59-2359986

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, JAMES
19824 GULF BLVD #2
INDIAN SHORES FL 34635

81 Name
FOSTER, JAMES
82 Street Address (P.O. Box Number is Not Acceptable)
19824 GULF BLVD #1
83 P.O. Box 1128
84 City
INDIAN SHORES FL 85 Zip Code
34635

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

JAMES FOSTER

Signature typed or printed name of registered agent and title in parentheses

JAMES FOSTER

(NOTE: Registered Agent signature required when registering)

1/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FOSTER, EARL C.
STREET ADDRESS 19824 GULF BLVD 2
CITY-ST-ZIP INDIAN SHORES FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE SDT
NAME FOSTER, JAMES C.
STREET ADDRESS 19824 GULF BLVD 2
CITY-ST-ZIP INDIAN SHORES FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME KELLY, CAROL A
STREET ADDRESS 8419 91 STREET NORTH
CITY-ST-ZIP SEMINOLE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME FOSTER, JAMES M.
STREET ADDRESS 8419 91 STREET NORTH
CITY-ST-ZIP SEMINOLE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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:

JAMES C. FOSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (813)391-5032

DATE

Daytime Phone #

CR2E037 (12/95)