


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90015 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770822			
1. Corporation Name PLOVER PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 19824 GULF BLVD #2 P.O. BOX 1128 INDIAN SHORES FL 34635-8128		Mailing Address 19824 GULF BLVD #2 P.O. BOX 1128 INDIAN SHORES FL 34635-8128	
2. Principal Place of Business 21 19824 GULF BLVD. Suite, Apt. #, etc. 22 Apt. #2, P.O. Box 1130 City & State 23 INDIAN SHORES, FL Zip Country 24 33785-1130 USA	2a. Mailing Address 26 19824 Gulf Blvd. Suite, Apt. #, etc. 27 Apt #2, P.O. Box 1130 City & State 28 Indian Shores, FL Zip Country 29 33785-1130 30 USA	3. Date Incorporated or Qualified 10/19/1983	
		4. FEI Number 59-2359986	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent FOSTER, JAMES 19824 GULF BLVD 1 PO BOX 1128 -> 1130 INDIAN SHORES FL 33785-1128		10. Name and Address of New Registered Agent 81 Name Foster, James 82 Street Address (P.O. Box Number is Not Acceptable) 12924 Gulf Blvd #1, #2 83 PO Box 1130 84 City Indian Shores FL 85 Zip Code 33785-1130	
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 <i>James C. Foster</i> DATE 8/10/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, EARL C.	1.2 NAME	
STREET ADDRESS	19824 GULF BLVD 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JAMES C.	2.2 NAME	
STREET ADDRESS	19824 GULF BLVD 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, CAROL A	3.2 NAME	
STREET ADDRESS	8419 91 STREET NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JAMES M.	4.2 NAME	
STREET ADDRESS	8419 91 STREET NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **8/10/99** DAYTIME PHONE: **(227) 391-5032**

CR2E037 (5/99)