

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770822

1. Entity Name

PLOVER PLACE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90006 003 ****61.25

Principal Place of Business

Mailing Address

19824 GULF BLVD
 APT 32 PO BOX 1130
 INDIAN SHORES FL 33785
 US

19824 GULF BLVD
 APT 32 PO BOX 1130
 INDIAN SHORES FL 33785-1130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

APT 1130 Po Box 1130

Suite, Apt. #, etc. *P.O.*

APT 1130, Box 1130

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2359986

Applied For

Not Applicable

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

FOSTER, JAMES
 19824 GULF BLVD 1 → 2
 PO BOX 1130
 INDIAN SHORES FL 33785-1130

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	PD	<input type="checkbox"/> Delete
NAME	FOSTER, EARL C.	
STREET ADDRESS	19824 GULF BLVD 2	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FOSTER, JAMES C.	
STREET ADDRESS	19824 GULF BLVD 2	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, CAROL A	
STREET ADDRESS	8419 91 STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOSTER, JAMES M.	
STREET ADDRESS	8419 91 STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 all other like empowered.

SIGNATURE: *[Signature]* JAMES C. FOSTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 (727) 391-5032
 Date Daytime Phone #

CR2E037 (9/99)