

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770822

1. Entity Name

PLOVER PLACE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Jul 18, 2001 8:00 am  
Secretary of State

07-18-2001 90259 004 \*\*\*\*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  
US

00058798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19824 GULF BLVD.

19824 GULF BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1130

P.O. Box 1130

City & State

City & State

INDIAN SHORES, FL 33785

INDIAN SHORES, FL 33785-1130

4. FEI Number 59-2359986

Applied For

Not Applicable

Zip Country  
33785-1130 USA

Zip Country  
33785-1130 USA

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. 4  
PO BOX 1130  
INDIAN SHORES FL 33785-1130

Name

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

198 GULF BLVD., 4

PO BOX 1130

City

INDIAN SHORES

FL

Zip Code

33785-1130

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

*James C. Foster*

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

(NOTE: Registered Agent signature required when reinstating)

7/10/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD  
NAME FOSTER, JAMES C. ☒ Change ☐ Addition  
STREET ADDRESS 19824 GULF BLVD. 4  
CITY-ST-ZIP INDIAN SHORES, FL 33785-1130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James C. Foster* 7/10/01 622391-5032

CR2E037 (5/01)