

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90012 002 \*\*\*\*61.25

<b>DOCUMENT # 770822</b> 1. Entity Name <b>PLOVER PLACE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 19824 GULF BLVD APT 32 PO BOX 1130 INDIAN SHORES, FL 33785 US			Mailing Address 19824 GULF BLVD APT 32 PO BOX 1130 INDIAN SHORES, FL 33785 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222004 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2359986</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSTER, JAMES</b> <b>19824 GULF BLVD., 4</b> <b>INDIAN SHORES, FL 33785-1130</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>19824 Gulf Blvd., Box 1130</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD FOSTER, EARL C. <input type="checkbox"/> Delete STREET ADDRESS 19824 GULF BLVD 2 CITY-ST-ZIP INDIAN SHORES, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VTD FOSTER, JAMES C. <input type="checkbox"/> Delete STREET ADDRESS 198424 GULF BLVD. 4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 337851130		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D KELLY, CAROL A <input type="checkbox"/> Delete STREET ADDRESS 8419 91 STREET NORTH CITY-ST-ZIP SEMINOLE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD FOSTER, JAMES M. <input type="checkbox"/> Delete STREET ADDRESS 8419 91 STREET NORTH CITY-ST-ZIP SEMINOLE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>James C Foster</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
<b>JAMES C FOSTER, VTD</b>			<b>2/22/04 (727) 3915032</b>		
Date			Daytime Phone #		