

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770822

FILED
Jan 06, 2005
Secretary of State

Entity Name: PLOVER PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

19824 GULF BLVD
APT 1234 PO BOX 1130
INDIAN SHORES, FL 33785 US

Current Mailing Address:

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

New Mailing Address:

19824 GULF BLVD
APT 1234 PO BOX 1130
INDIAN SHORES, FL 33785 US

FEI Number: 59-2359986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JAMES
19824 GULF BLVD.
BOX 1130
INDIAN SHORES, FL 337851130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER, EARL C.,
Address: 19824 GULF BLVD 2
City-St-Zip: INDIAN SHORES, FL

Title: VTD () Delete
Name: FOSTER, JAMES C.,
Address: 19824 GULF BLVD. #4
City-St-Zip: INDIAN ROCKS BEACH, FL 337851130

Title: D () Delete
Name: KELLY, CAROL A
Address: 8419 91 STREET NORTH
City-St-Zip: SEMINOLE, FL

Title: SD () Delete
Name: FOSTER, JAMES M.
Address: 8419 91 STREET NORTH
City-St-Zip: SEMINOLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES FOSTER

VTD

01/06/2005

Electronic Signature of Signing Officer or Director

Date