

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2007
Secretary of State**

DOCUMENT# 770822

Entity Name: PLOVER PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

19824 GULF BLVD
APT 1234
INDIAN SHORES, FL 33785 US

Current Mailing Address:

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

New Mailing Address:

8419 91ST STREET NORTH
LARGO, FL 33777 US

FEI Number: 59-2359986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 C FOSTER

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date