

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State
 02-24-2000 90035 048 ***150.00

DOCUMENT # G82545

1. Entity Name

LA PLAZA RESIDENTS' ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

150TH AVENUE NORTH
 CLEARWATER FL 33764

6700 150TH AVE N
 LOT 240
 CLEARWATER FL 33764-7181
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, EDWIN I.
2307 WEST BAY DRIVE
LARGO FL 33540

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2407621**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOODWIN, JERRY	
STREET ADDRESS	6700 150 AVE N, LOT 960	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANTON, SHARON	
STREET ADDRESS	6700 150 AVE N, LOT 412	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NAVARRA, JOYCE	
STREET ADDRESS	6700 150 AVE N, LOT 526	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCELLA YOUNG	
STREET ADDRESS	6700 150TH AVE N. LOT 984	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRINCE, LOUISE	
STREET ADDRESS	6700 150 AVE N, LOT 240	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JUNE HOFSTEDE	
STREET ADDRESS	6700 150TH AVE LOT #968	
CITY-ST-ZIP	CLEARWATER FL 33764	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Secretary
 Helen Gray
 6700 150 Ave. N. Lot 706
 Clearwater, FL 33764

Director
 Gene Sawyer
 6700 150 Ave. N. Lot 361
 Clearwater, FL 33764

Director
 Patricia Ford
 6700 150 Ave N Lot 944
 Clearwater, FL 33764

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)