

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # N02000007607**

1. Entity Name

PLATT STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

900 PLATT ST  
UNIT 100  
TAMPA, FL 33606

Mailing Address

900 PLATT ST  
UNIT 100  
TAMPA, FL 33606

44049873



07232004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

16-1646226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

UITERWYK, HENDRIK  
900 PLATT ST  
UNIT 100  
TAMPA, FL 33606

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	UITERWYK, HENDRIK
STREET ADDRESS	900 PLATT ST UNIT 100
CITY-STATE-ZIP	TAMPA, G; 33606
TITLE	VD
NAME	CAPPY, GEORGE
STREET ADDRESS	900 PLATT ST UNIT 200
CITY-STATE-ZIP	TAMPA, FL 33606
TITLE	STD
NAME	BARNES, STEPHEN
STREET ADDRESS	900 PLATT ST UNIT 100
CITY-STATE-ZIP	TANOA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-04

813-222-0500