

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90022 025 \*\*\*\*61.25

**DOCUMENT # N04448**

1. Entity Name

PLAZA VILLAS I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765  
US

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2454545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A  
C/O SEABOARD ARBORS MANAGEMENT  
2189 CLEVELAND STREET STE 225  
CLEARWATER FL 33765

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD ☐ Delete  
NAME: SEROOR, JEANETTE  
STREET ADDRESS: 476 SANTA CRUZ PLACE NE #8  
CITY - ST - ZIP: ST PETERSBURG FL 33703

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: VD ☐ Delete  
NAME: PAUL, CHRISTINE  
STREET ADDRESS: 492 SANTA CRUZ PLACE NE #E  
CITY - ST - ZIP: ST PETERSBURG FL 33703

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: PD ☐ Delete  
NAME: GALINOWSKI, KAREN  
STREET ADDRESS: 500 SANTA CRUZ PLACE NE, # C  
CITY - ST - ZIP: SAINT PETERSBURG FL 33703

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Change ☒ Addition  
NAME: D Ingram, Mary  
STREET ADDRESS: 492 Santa Cruz Place NE, #G  
CITY - ST - ZIP: St. Petersburg, FL 33703

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Change ☒ Addition  
NAME: D Bolin, Karen  
STREET ADDRESS: 492 Santa Cruz Place NE, #G  
CITY - ST - ZIP: St. Petersburg, FL 33703

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Change ☒ Addition  
NAME: D Butler, Chuck  
STREET ADDRESS: 492 Santa Cruz Place NE, #G  
CITY - ST - ZIP: St. Petersburg, FL 33703

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

*Christine Paul* (Christine Paul)

2/13/07

727-893-8493