



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90109 008 \*\*\*\*61.25

<b>DOCUMENT # N08492</b>					
1. Entity Name PLACIDA BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11000 PLACIDA RD PLACIDA, FL 33946 US		Mailing Address 11000 PLACIDA RD PLACIDA, FL 33946 US		40125633	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2545282	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLACIDA PROPERTIES 11000 PLACIDA RD PLACIDA, FL 33946			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONDS, KENNETH		NAME		
STREET ADDRESS	9200 LITTLE GASPARILLA ISLAND		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, MALCOLM		NAME		
STREET ADDRESS	9200 LITTLE GASPARILLA ISLAND		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLACE, LEW		NAME		
STREET ADDRESS	10304 WELBECK COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CULLIVAN, JOHN		NAME		
STREET ADDRESS	9200 LITTLE GASPARILLA ISLAND		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	AD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDHAM, THOMAS		NAME	Mendham Thomas	
STREET ADDRESS	9200 LITTLE GASPARILLA ISLAND		STREET ADDRESS	9200 Little Gasparilla Island	
CITY-ST-ZIP	PLACIDA, FL 33926		CITY-ST-ZIP	Placida, FL 33926	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTTON, WILLIAM		NAME	Scribner, Paul	
STREET ADDRESS	1801 GLENGARY ST		STREET ADDRESS	11000 Placida Rd.	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Placida FL 33946	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Paul S. Scribner</u>			Date: <u>7/2/07</u> Daytime Phone #: <u>941697-4500</u>		