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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:53

DOCUMENT # **N92000000846 (7)**

1. Corporation Name

PLACIDA HARBOUR, SECTION VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11000 PLACIDA RD PLACIDA FL 33946 US	5370 GULF OF MEXICO DR LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0381891 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: P.O. Box 366	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28: Placida, Fl	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29: 33946-0366 / Country 30: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

COLEMAN, ELIZABETH A
5370 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name: Elaine Adams
82 Street Address (P.O. Box Number is Not Acceptable): 648 N. Indiana Ave.
83
84 City: Englewood **FL** 85 Zip Code: 34223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elaine Adams (Elaine Adams) 4/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CHATTIN, DANA R. A	12 NAME	William Jeffers	
STREET ADDRESS	5370 GULF OF MEXICO DRIVE	13 STREET ADDRESS	3029 Foothills Ranch Dr.	
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	Boulder, CO 80302	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	LOCKER, THEODORE J	22 NAME	John Venning	
STREET ADDRESS	11000 PLACIDA RD UNIT 2701	23 STREET ADDRESS	11000 Placida Rd.	
CITY-ST-ZIP	PLACIDA FL 33946	24 CITY-ST-ZIP	Placida, FL. 33946	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	BLADEN, SHERRI P	32 NAME	Peggy Villela	
STREET ADDRESS	5370 GULF OF MEXICO DRIVE	33 STREET ADDRESS	11000 Placida Rd	
CITY-ST-ZIP	LONGBOAT KEY FL	34 CITY-ST-ZIP	Placida, FL 33946	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret C. Villela Margaret C. Villela 4/5/95 (813) 475-2579
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0016090